CHAPTER XIII.

Vaccination from the point of view of the germ theory; Illogical character of bacteriological reasoning; Dr. Crookshank's testimony before the Royal (Br.) Commission of 1889; All vaccine material examined by him contained pathogenic bacteria; Dr. Walter M. Reed U. S. Army to same effect; Landois, dangers of inoculation of foreign blood or serum; Dr. Hilgard and the American Association for the advancement of Science; Dr. Boucher's "Entités Morbides" and "Origines Epidemiques"; The Klebs-Löffler Bacillus; The pneumococcus ~~Diphtheria~~ Diphtheria is of pneumonia, History of several epidemics examined; Bechamp's researches prove the K-L bacillus is not the cause of the membrane of diphtheria; explosion of the Eberth bacillus and water-theory of Typhoid; Disease by injection and disease by infection are not comparable; Prof. Rosenbach's "Physician and Bacteriologist"; Koch's tuberculin; Laboratory experiments useless in treating disease; Koch's postulates untenable; Mischiefs of bacteriological dogmas; Results of Anti-Rabic inoculations in France; of anti-toxin in Japan; Dr. Dormitzel in "Zeitschriff des Berliner Vereines. Hom: Aertze."

It will not now be disputed by any one who has followed the evidence already adduced in this work that the total dissimilarity of cowpox and smallpox has been fully established, and equally, the likeness between Cowpox and Syphilis. In fact the evidence of at least the former of these two positions presented to the Royal (Br:) Commission, 1889 was so overwhelming that even that prejudiced (1) tribunal was forced to abandon the identity theory, though it did so grudgingly, evidencing

the strong hold of preconceived opinion, in Section 353 of its final report.

Having established the fact that Cowpox vaccination has no pathological relation to smallpox, and that the vaccination in vogue has a relation thereto only in so far as actual small-pox inoculation has entered into the pedigree of the various viruses employed as vaccine material; let us now inquire what light, if any, the new science (?) of Bacteriology throws upon the question. Let us inquire how far Bacteriology has any claim to the character of science, and what reliance may be placed upon its asserted facts, and the conclusions thence drawn.

That certain products of diseased conditions introduced within the body of an animal will produce in that animal diseased conditions more or less resembling the diseased appearances in the plant or animal from which those products have been derived is true, as is also the fact that they will sometimes produce other and wholly unpredicable conditions of disease; the conclusions commonly drawn from these facts, that whenever appearances of the first kind happen they have been produced by the inoculation, injection or inhalation of such products of disease, and that whenever the second sort are observed the inoculation had nothing to do with them, although acquiesced in by men of eminence in the profession, is so

Note to page II - Cab XIII

A melancholy illustration of the need for this instruction in logic, or at least in the art of reasoning was given at the meeting of the American Association for the advancement of Science, held at New Orleans in January 1906.

A so-called symposium was held in the medical section, but contrary to the meaning of the term the parties to the symposium were strictly limited to those who maintained that the mosquito was the sole cause of malaria and of yellow fever. In the short discussion which was permitted the author of this work cited the decree of Frederick II mentioned in the text and invited the members to reduce the principles of Koch and the premises of the author of the paper entitled "No mosquitoes - no yellow fever" to the form of a syllogism when they would see that the conclusion were not warranted by the premises, the error being that known in logic as "the undistributed middle."

Dr. Chailld, dean of the medical department of the University of Tulaine, undertook wrefly and after stating that they had had logic flung into their faces and he would inform the gentleman who had done so that there was a scientific logic by which men of science were guided different from common logic. ——— and the audience applauded! And no one said how nay.

illogical as to cause regret that the prevision of the German Emperor Frederick II has not been universally adopted and some knowledge of logic made a pre-requisite to entrance upon the curriculum of the medical schools. [2]

In "Medical Logic" by F. Oesterlen M. D., translation by Dr. G. Whitey published by the Sydenham Society 1855, P. 109 it is correctly laid down that:

> "If we note hundreds of persons suffering from the same disease, the anatomical changes in individual organs, or observe as is now frequently done the alteration in the composition of the blood or urine, etc., we may learn thereby the relative frequency of certain events and effects under certain circumstances, and in certain forms of disease, but nothing concerning the part they may have played therein, OR CONCERNING THEIR CAUSAL RELATIONS."

The New York and Philadelphia Journal for October 1st. 1904 (vol. LXXX) furnishes three salient illustrations of the disregard of this fundamental logical truth by certain "leaders of the profession."

Two of these articles, viz: one on the Illinois Circular on Consumption with its eulogy of that mischievous body the Illinois State Board of Health, the other, the abstract of Professor A. Wesserman's address on "Several new points concerning the theory and practice of Immunity", would lead to too discussive a criticism to be considered here; but every student of this work who has any knowledge of logic will be able to see that even if the facts alleged have been correctly observed (a point not to be admitted without further

At the meeting of the American Dermatological Association held at Washington in June 1900 Dr:John T.Bowen,Physician for diseases of the skin,Massachusetts General Hospital and Instructor in Dermatology,Harvard University reported five cases of Bullous Dermatitis following vaccination,which he enlarged upon and added thereto a sixth case in a paper which he published in the "Journal of Cutaneous and Genito-Urinary diseases"for September,1901.Vol xix

Case # 1.was a male child four years of age,entered the children's hospital,December 9,1895. Family history good.....Was vaccinated seven month previously. Two weeks after vaccination small'water blisters'appeared around the site of vaccination,which spread downward over arms and hands,and appeared on the legs three weeks after they were first noticed upon the arms/.At about the same time there were some lesions noted on the face and buttocks. There have been a few lesions upon the trunk. The eruptions during the last six months has been constantly recurring and the child has never during this time been free from cutaneous lesions.

The child improved under treatment,bullae continued to recur,and on January 20th:he was discharged to enter the Convalescent Home at Wellesley; though hyperaemia and pigmentation remained. He remained free from bullae for nearly three weeks,when he was returned to the hospital witha another attack,less pronounced than the first,but presenting numerous vesicles on hands,arms, feet and legs;also a few at the angles of the mouth.Trunk free,moderate pruritis. On March 26th:he was discharged The lesions were fewer in number,but had not ceased to appear. Soon after leaving the hospital he had Diphtheria and soon after that measles. Since which his health has been good.

Evidently the parents of this child had endowed him with a good constitution,the vaccination rite inflicted upon him much suffering and constitutional disease,and it is absurd to suppose it has not irremediably lowered his vitality.

Case 11. "Florence C... seven years old entered the children's hospital January 7,1897. Family history good. Vaccinated four months previously,and two weeks thereafter there appeared,near the elbow of the left arm,on which the vaccination had been performed,numerous 'water-blisters',which soon spread over the upper part of the arm,across the chest,and over the right arm. At the end of a week from the time when the first appearances were observed, there were numerous lesions upon various parts of the body,accompanied with some itching and burning.

The lesions continued with fluctuating severity ,the bullae often becoming purulent for about seven or eight months when the child was removed, uncured by the parents,

Atlas,Plate Fig: is a copy of the portrait of this case;(J:of C:&G-U diseases p.405.) presented by Dr:Bowen, but there were also"masses of vesicles, bullae and crusts from below the knees almost continuously to the feet."

These are not shown in the portrait.

Case 111 Richard J..... was first seen at the Massachusetts General Hospital,October 21,1899. He was ten years of age,stout for his years...and of adecidedly robust appearance.Family history good. Vaccinated three months ago.One week after vaccination'water-blisters'appeared on the arm near the seat of vaccination,which rapidly extended to the other arm,and later to both legs.....The lesions were nowhere purulent.Entered the Children's hospital November 9th;there had been no improvement in his condition. Was discharged from the hospital November 28th: but there were still vesicles and bullae on arms and legs together witha large erythematous area with some pigmentation and itching.The itching had continued up to April 1900 when inquiry was made.

Case 1V,Simon G...mulatto,five years of age,came to the Massachusetts General hospital on November 23rd:1899. Was vaccinated 9th:September,and just one month later his present eruption began,being firstobserved on the shoulder. "The child was well-nourished,and apart from the discomfort caused by his cutaneous lesions was in good physical condition."..... The eruption was vesicular and bullous,sometimes the vesicles enlarged peripherally"to become a good sized or enormous bulla"

There were various apparent improvements and relapses,which I judge were the consequences of repressing the eruption instead of curing the diseased condition. He left the hospital uncured in April 1900 and was returned December 12th:of that year;he was still in the hospital on January 28th:uncured and suffering,chiefly from the difficulty in walking on account of the affection of the skin of the legs.

Case V. Charles B....six years old,admitted to the children's hospital, September 30th:1899. Family and previous history good. Was vaccinated on December 10th:L898 and in less than two weeks crops of'water-blisters'began to appear,and soon the larger part of the body was covered. On January 3.1899 he was admitted to the city hospitalwhere he remained until

August 21. " During this time crops of bullaewerecontinually appearing ove the whole body. He became very ill there and was placed on the danger list for about ten days."

On September 30th:1899 he was admitted to the children's hospital;

"The glands in the neck,axillae and groins were enlarged and move able.....The skin of the neck,trunk and arms was covered with a grouped vesicular and bullous eruption. There were occasionally small vesicles to be seen,but on the whole the eruption was of a bullous character,some of the bullae attaining a diameter oftwo centimeters." (About eleven fifteenths of an inch)

"There were numerous clusters of bullae onthe neck,chin and fore head,a few which had purulent contents,or had been converted into crusts.....Numerous hyperemic and slightly infiltrated patches marked the sites of previous bullae . The affection was es pecially marked on the thighs and genitals.....Onthe ankles and feet there were numerous and confluent bullae and crusted patches The lower arms and backs of the hands,especially at the roots of the fingers,were markedly affected.....October 11th:Fresh crops of bullae have appeared in many different places.If the covering of the bullae is removed,the surface is very tender and causes much discomfort."(A euphamism for much pain suffered by this un fortunate child.)

There have been intervals of improvement but up to May,1901,aperiod of very nearly two years and a half the bulous eruptions have continued, sometimes in intense outbreaks.the eruption at times became purulent and there is no present prospect that a cure will ever be effected.

Case VI. William M...Six years old. Vaccinated by a respectable practi- tioner at the same time with a younger brother,with whom the vaccination followed the usual course.

"The boy was brought to the children's hospital on June 29 in June 7,1900... ...Vaccinated five weeks previously.....On the left arm were seen the marks of vaccination,flaccid vesicular and lacerated lesions, covered mostly with a crust and without especial induration or in flammation at the periphery.....The eruption began one week ago, or four weeks after the vaccination,being first noticed upon the thighs,but rapidly making its appearance on the upper arms.When seen the eruption was most marked on the arms and legs,affecting the extensor surfaces more widely than the flexors. In these situations is seen a purely vesicular and bullous eruption....All sizes of vesicles and bullae were to be seen,from the small beginning vesicle to bullae from 2-1/2 to 3 centimeters in diameter,some of which projected one centimeter above the level of the skin. The latter were often very tense and were filled either with clear serum or with a hemorrhafic exudation. There were very many of these bullae with hemorrhagic contents.....On the thighs and especial ly the lower legs there were numerous very large bullae,some of them hemorrhagic....On the buttocks were large areas of denuded epi dermis and weeping..... so that sitting was very painful.

Nine months later it was learned that the condition was improved,but at no time had he been free from the eruption.

Plate Fig: is a copy of the portrait of this case presented by Dr:Bown with his paper in the J:of C:& G-U:diseases.

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431d In the same Journal for June 1904, (Vol:XXII PP.253-265.) is an account by the same gentleman, ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ of a case of acute infectious pemphigus which followed vaccination in a butcher and which seemed to have some relation to the Foot & mouth disease.

In reply to a request from me for his permission to use his illustrations in this work, Dr:Bowen writes; under date, July 2,1904:

> "I should prefer not to have the illustrations reproduced. In the first place they are not very good; and in the second place it is quite uncertain what relationship the case had to vaccination."

The article however is a very able one, both for its presentation of the case reported and for the relationship suggested with the foot & mouth disease. It should be read in connection with the cases of Dr:Tyzzer referred to sup: p.

"Dorothy May Turvill was born on the 30th May 1905 of healthy parents and was vaccinated on the 15th September of that year by Dr Matthews - it is said on a naevus on the left side of her chest and she died on the 17th October, the most awful death. ~~Since then my other~~ Dr Burns his partner, saw her on the day she died and gave the certificate of death. Vaccination was not mentioned in the certificate. Since then my other two children have broken out in sores round the mouth and inside the nose.... They were three of the healthiest children you could see (Letter of Mr Turvill, the father, to Mr Bonner published in "Vaccination Inquirer" Dec 1st 1905 p 180b. The certificate says the child died of "acute lymphangitis" and "exhaustion."
It can hardly be necessary to remind the medical reader that all recent works on surgery state that the cause of lymphangitis is almost invariably the absorption of septic material from an infected wound. Is not the wound of vaccine inoculation an "infected wound" is not the vaccine the very ideal of "septic material"?
In the same number of the Vaccination Inquirer will be found another fatal case of vaccination and in the same family one of severe illness from the same cause. How long Oh peoples How long!
Dr Alexander Wilder of Newark N. J. whose noble work to arouse the people to free themselves from the superstitions and slavery we have often mentioned ~~reports a fatal case occurring in that city~~ a death from vaccination. In March 1905, Emily Hirsch of Newark obtained employment in New York - The order went forth that she must be vaccinated and it was done. She sickened directly and went to the house of her Aunt in New York to be cared for. A few days afterwards - the second week in April she fell from her chair - dead. Killed by vaccination.

The following case of Hodgkin's disease was reported by Dr. John V. Shoemaker, Professor of Materia Medica, Therapeutics and Clinical Medicine, in the Medico-Chirurgical College and Hospital of Philadelphia. It is reported and commented on in the Medical Advance for April 1905. from the New York and Phila. Med. Journal Nov. 12th 1904

History.- A physician, 52 years of age, was admitted to the Medico-Chirurgical Hospital on February 1, 1904. He gave the following history: He had never been ill until two years previously, when he had had under his care 19 cases of smallpox. He vaccinated himself in several places, but the operation seemed to be unsuccessful. After six weeks, a rash appeared upon the greater part of his body, remained in existance two weeks, and then disappeared [illegible]

"Then according to the pronouncements of the Chicago Department of Health he was immune against small pox(Ib:Nov:5th:1904,p.896;but as in the same pronouncement immunity is promised only in case the vaccination was recent and effectively performed, they have prepared for themselves an easy way out' whenever some unfortunate victim trusting in their good faith, falls incontinently sick of smallpox,

Within this period he had lost 25 pounds in weight. When admitted, he was emaciated and extremely weak, was unable to walk without assistance, was very anaemic, and had an anxious expression. He suffered much from pain in his back. The heart's action was rapid, but there was no organic disease. His pulse was soft and the circulation poor. The lungs were unaffected. He had lost appetite and suffered from indigestion. His bowels were loose. The respiration was shallow and there was dyspnea. There was no history of syphilis.

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Since that time there had been progressive enlargement of lymphatic glands in various parts of the body. During the last six months these had become particularly conspicuous. Within this period he had lost 25 pounds in weight. When admitted, he was emaciated and extremely weak, was unable to walk without assistance, was very anaemic, and had an anxious expression. He suffered much from pain in his back. The heart's action was rapid, but there was no organic disease. His pulse was soft and the circulation poor. The lungs were unaffected. He had lost appetite and suffered from indigestion. His bowels were loose. The respiration was shallow and there was dyspnea. There was no history of syphilis.

* * * * * * * * * * In both groins and in the right axilla were glandular tumors as large as apples. In the left axilla

and neck were similar enlargements varying from the size of a pea to that of a walnut. There was also a general enlargement of the lymphatic glands. The tumefactions in the groins were somewhat immovable and of moderate consistency. Those of the axillae and neck were movable and of the same consistence. The tumors had not been painful. * * * * * * * * * * * * * *

There was diminished resonance over the upper part of the sternum, but no other sign of involvement of the mediastinum. The spleen was much enlarged, extending a hand's breadth below the margin of the ribs. It was firm, smooth, rounded, and somewhat tender. The abdomen was prominent and upon its left side was a tumor as large as a fœtal head. Another distinct mass, about one half that size, could be felt upon the right side. Other smaller tumors could be detected. The liver extended two fingers' breadth below the costal border.

On the day of admission a fluoroscopic examination by Dr. G. E. Pfahler, Assistant Physician and Skiagrapher to the Medico-Chirurgical Hospital, confirmed the evidence of the physical signs of percussion and auscultation; the lungs were clear. The right side of the diaphraghm moved 3-1/2 inches between forced inspiration and forced expiration. The left side of the diaphragm moved only 1-1/2 inches, being displaced upward 2 inches, was on a level posteriorly with the ninth rib, and its curve was somewhat flattened. There were indistinct shadows about the size of a small fist. * * * * * * * * *

The patient's stay in the hospital was sixteen days and was terminated by death. During this period his temperature fluctuated between 97° and 100° until three days before death, when it rose to 101°. His pulse varied from 80 to 120, the respirations from 20 to 30. On February 9th and 10th he vomited frequently and at the same time had troublesome attacks

of hiccough lasting about twenty minutes. These symptoms disappeared several days before death. He had from one to six stools a day.

The urine was of acid reaction, specific gravity 1022. Neither albumin nor sugar was present, but a few hyaline casts were found. On February 3rd, an examination of the patient's blood by Dr. Craney, assistant bacteriologist to the Medico-Chirurgical Hospital, showed hemoglobin 58, erythrocytes 2,440,000, leucocytes 5,200. The results of an examination by Dr. Pfahler on February 15th were hemoglobin 55; erythrocytes 3,060,000, leucocytes 20,000.

Diagnosis. - From their situation, consistency, and mode of evolution the tumors in this case unquestionably consisted of enlarged lymphatic glands. Tuberculosis is a frequent source of glandular disease, but its influence is, as a rule, strictly localized and confines itself, above all, to the glands of the neck. These usually, in course of time, exhibit signs of inflammation and caseous degeneration. In this case symptoms of inflammation were absent. In syphilis we should have a different history together with the evidence of polymorphous lesions, large pustules, ulcers, scars, and pigmentations. The lymphatic tumors present in this case could be differentiated from gummata. Lymphosarcoma was excluded by the duration of the case and the absence of ulceration.

The pallor of the patient - the evident anemia - suggested an examination of the blood, and it was, indeed, by the microscope that an exact diagnosis was established. The results of such an examination have shown that this case belongs to the class known as Hodgkin's disease, after the writer who first, in 1832, clearly described it, and which is also called pseudoleucemia because, although there is a progressive diminution in the number of red blood corpuscles with a proportion-

ate decrease of hemoglobin there is no marked increase in the number of whites. * * * * * * * * * * In Hodgkin's disease the red corpuscles may diminish to 1,500,000, with but a slight increase of white cells. Pseudoleucemia is an anemia of the secondary type. According to the researches of Dorothy Reed, of Baltimore, who studied a series of eight cases, the increase of the lymphatic glands in Hodgkin's disease depends upon an overgrowth of the endothelial cells of the glands. The fibrous tissue is enormously increased; in an advanced period of the disease the glands are almost entirely transformed into fibrous tissue. * * * * * * * * * * The changes in the glands appear, at least in the present state of knowledge, to be produced by a chronic inflammatory process. Bacteriology has thrown no light upon the subject.

Etiology. - Although tuberculosis of lymphatic glands, as usually observed, presents a very different clinical aspect from Hodgkin's disease, yet there is no doubt that the two affections may coexist. * * * * * * * * * * * * * * * If we dismiss the view that Hodgkin's disease is dependent upon tuberculosis we have nothing to substitute in its place.• * * * *

• This case appears to prove that vaccination may be, or had been, a substitute. Ed. Med. Advance.

COMMENTS: by the Editor of the Medical Advance:

We publish this case as a valuable contribution to the pathology and symptomatology of vaccination. It is by one of the ablest diagnosticians and clinicians of Philadelphia, and the following data may be noted:

First: The patient had never been ill until two years prior to present sickness.

Second: He vaccinated himself several times unsuccessfully, though no doubt previously vaccinated, perhaps more than

once, and the effects had not "run out in seven years."

Third: A rash, with intense itching, appeared after six weeks upon greater part of body, remained for two weeks and disappeared to return a few weeks later for two weeks.

Fourth: This was without doubt vaccine inoculation due to mixed infection and preceded glandular involvement.

Fifth: Notwithstanding the special pleading of an honest but evidently biased clinician, who says, "I believe the pruritic eruption stood in direct relationship to and was dependent upon the same cause which produced the changes in the blood and lymph glands. I regard the eruption as one of the early manifestations of pseudoleucemia." That cause was undoubtedly vaccine virus, without which the patient never would have had Hodgkin's disease, Ed.

I entirely concur in ~~Dr. Allen's~~ the editor's view. Vaccination is proved to have been performed, that is a "sufficient cause"; there is absolutely no evidence of any other cause, and if the rules of logic are of [illegible] use [illegible] before cited, it is not permissible to "imagine" the existence of some other cause as having possibly existed.

On the 15th March 1905 Joseph Petrie of 3241 Oakley St. Chicago came to the dispensary of the Hering College Chicago suffering from a large sore fully 2 inches in diameter on the internal face of his right leg. I did not see him until the 16th August, and the following history is compiled from the ~~Hospital~~ Dispensary records, from information given me by Dr. J.H. Allen, the physician who prescribed for the case, and the statements of the patient in the presence of Dr. Allen.

Patient had been quite well until April 1904 when he was vaccinated, ~~at~~ the usual place in the left arm; a sore formed but did not heal; a scab formed fell off, formed again, matter in small quantity oozing from the sides and so on, a [illegible] and [illegible] 5 months when it healed leaving a [illegible] scar, which on the 16th August was only perceptible. [illegible] the complete healing of the vaccine sore, he first noticed a small one on the internal face of his right leg which itched a great deal, and gradually spread, covered with dry scabs, until it attained the dimensions above mentioned. He then came to

having been [illegible] dispensary where Dr. Allen prescribed for him. The sore continually diminished in size under ~~[illegible]~~ treatment and when I saw it the 16th August 1905 there remained a sore, [illegible] an inch in diameter covered with a dry scale and all itching had disappeared.

"The Medical Advance" for February 1907, p. 40 contains the following case reported by Dr. I.V. Campbell of Brooklyn, New York. At the age of seven a boy was vaccinated to enable him to be admitted to school. Various diseased conditions ensued until he came under Dr. Campbell's care. A cluster of what resembled hydroa was at the right commissure of the mouthwhich soon became scabby and were followed by patches, more or less discrete, and spots of the same character on the upper part of the face and forehead. Within a week the entire chin and lower lip were involved, the outlines being entirely obliterated by an enormous aggregation of heaped up scabs separated by burning, itching, bloody furrows, the appearance of the patient was distressingly loathsome. Under treatment he developed, high fever, swollen and tender sub-maxillary glands, left sided ear-ache and violent conjunctivitis going from left to right. In about a week the eye affection first disappeared, then the ear-ache and finally wholesale desquamationdisposed of the eruption.

Says Dr. Campbell: "There appears to be little doubt of the connection between the vaccination and the "vaccinosis" eventuating ~~treating~~ in the eruption. "

2566

Dr:E.M.Poitevin of Montreal,in a letter to "La Patrie" published the 11th: May 1885,reported that he had had to treat twenty-seven persons at the Bethleem Asylum as follows:Two young girls(orphans) named Bonneau and Mercier for Erysipelas from vaccination. Bonneau had simple Erysipelas, but Mercier had an attack of phlyctenoid Erysipelas which invaded the entire left arm,the left half of the back and throat,it even extended to the face. Three other orphans had phlegmanous abscesses;in one the abscess was at the axilla;in the two others at the points of puncture. The remaining twenty-two were all very ill,suffering from rodent,bleeding,sloughing,ulcers exuding an ichorous pus; many of them had two or three of these ulcerations. One of the nuns,Sister St:Hyacinthe,who dressed the sores was infected in the thumb with a purulent inflammation;the matrix of the thumb-nail was attacked. This simulation of Paronychia he attributed to contagion from the vaccine sores.# Lately at No:2176 Rue Notre-Dame,he had been called to attend two children of a M.Lemieux,aged respectively 2 and 4 years,vaccinated by the public vaccinator and suffering from abscesses in the axilla of the size of an orange.

Dr: Oidtmann of Linnich presented to the international Congress of Anti-Vaccinators ,held at Charleroi the 26th:,27th:and 28th:July,1885,the portrait of Theresa Porten of Ruhrich,a village in his neighborhood,a copy of which is given in the Atlas,Plate 4 Fig:3 The Photograph was taken three days before death. He described it as follows:

> "The inflammation,starting from the punctures,had already invaded one half of the body,the lungs, and the brain. Death,a frightful death carried off the poor child,who had been healthy,flourishing as a rose only twelve days before. I requested the medical man who treated the child to certify to this fact. But in the Register of deaths the entry is,"died of inflammation the result of wounds".

Onychia is a well-known Syphilide.

In the canton of Thurgovia, on the 24th:June 1884, was born a daughter to the Forester Kressibucher and his wife, who they named Clara. Until her vaccination she was always happy and laughed at every visitor; she was hail and fresh as a rose; she was told and began to walk in the following April, when not quite ten months old. At that time in obedience to an official summons the parents submitted her to the official vaccinator on the 20th:April, 1885.

Already by the 22nd:April, she had become dull and smiled no more. On the 24th:red efflorescences appeared all over the body; on the 25th: the cowpox pustules were well developed, but because of the inflammation her parent kept her at home, but the vaccinator sent them a certificate of successful vaccination, without seeing her. From day to day the child languished more and more and was nursed with the greatest care. The red efflorescences disappeared after about eight days; but soon after, upon the chest, upon the back, and upon the upper part of the arm and upon the knees, there appeared blotches of a bright red of the size of a five franc piece. From the 17th: to the 18th:May the red blotches disappeared and she was attacked with diarrhoe, mild at first but soon violent. On the 21st: this was accompanied with vomiting and she rejected all nourishment both by the mouth and by lienteric discharges. The face and back became tumefied. She was consumed with thirst and died on the 26th:May. Calf-lymph had been employed, and three other children vaccinated with the same matter became seriously ill.

The certificate of death assigned as its cause "gastro-enteritis" and said nothing about vaccination; and remarked Prof:& Dr:A.Vogt of the University of Berne, by whom the case is reported:

"This is how the vaccinators make their statistics and pretend that vaccination causes no disasters."

38 After nearly forty years experience as a medical practitioner Dr. Alex. Ross of Toronto, the leading physician of Canada in his day, summed up his opposition to vaccination in a protest which he published as follows :-

"No rational theory has ever been.....advanced to support the assumption that vaccination protects from small-pox. One thing is certain, thousands of children are killed annually by vaccination or its after results, and these victims of medical ignorance or stupidity are the only persons it can be asserted with truth, that vaccination protected from small-pox.

Vaccination is an unmitigated curse, and the most destructive medical delusion that has ever afflicted the human race. I know that the vaccinator sows broadcast the seeds of many filthy diseases of the skin, the blood, the hair, the eyes, which are transmitted from generation to generation - an ever abiding curse to humanity.

Nearly forty years experience as a madical practitioner has convinced me that vaccination does not afford the least protection or mitigation from small-pox - the unvaccinated and the vaccinated being equally liable to the disease, under similar conditions.

The propagation of disease on the pretext of thereby preventing disease is bad in logic, wicked in morals, and futile in practice. I have frequently seen vaccination result in terrible corrosive ulcers on the arms, glandular swellings in the arm-pits, filthy cutaneous diseases, erysipelas and intractable diseases of the eyes, eaars and scalp. I have seen many children die from erysipelas and hydrocephalus caused directly by vaccination. I saw two children die from corrosive ulceration of the eyes, - in one case the eyes were actually eaten out of the child's head before death relieved the little victim from its sufferings; I have known several cases where amputation of the arm has been necessary to save the lives of those who have been vaccinated.

I know that filthy cattle diseases have been transmitted to children by vaccination.... from diseased cattle.

I know that the best miscroscopists are unable to certify to the purity or impurity of vaccine pus, falsely called lymph, still less to its harmlessness.

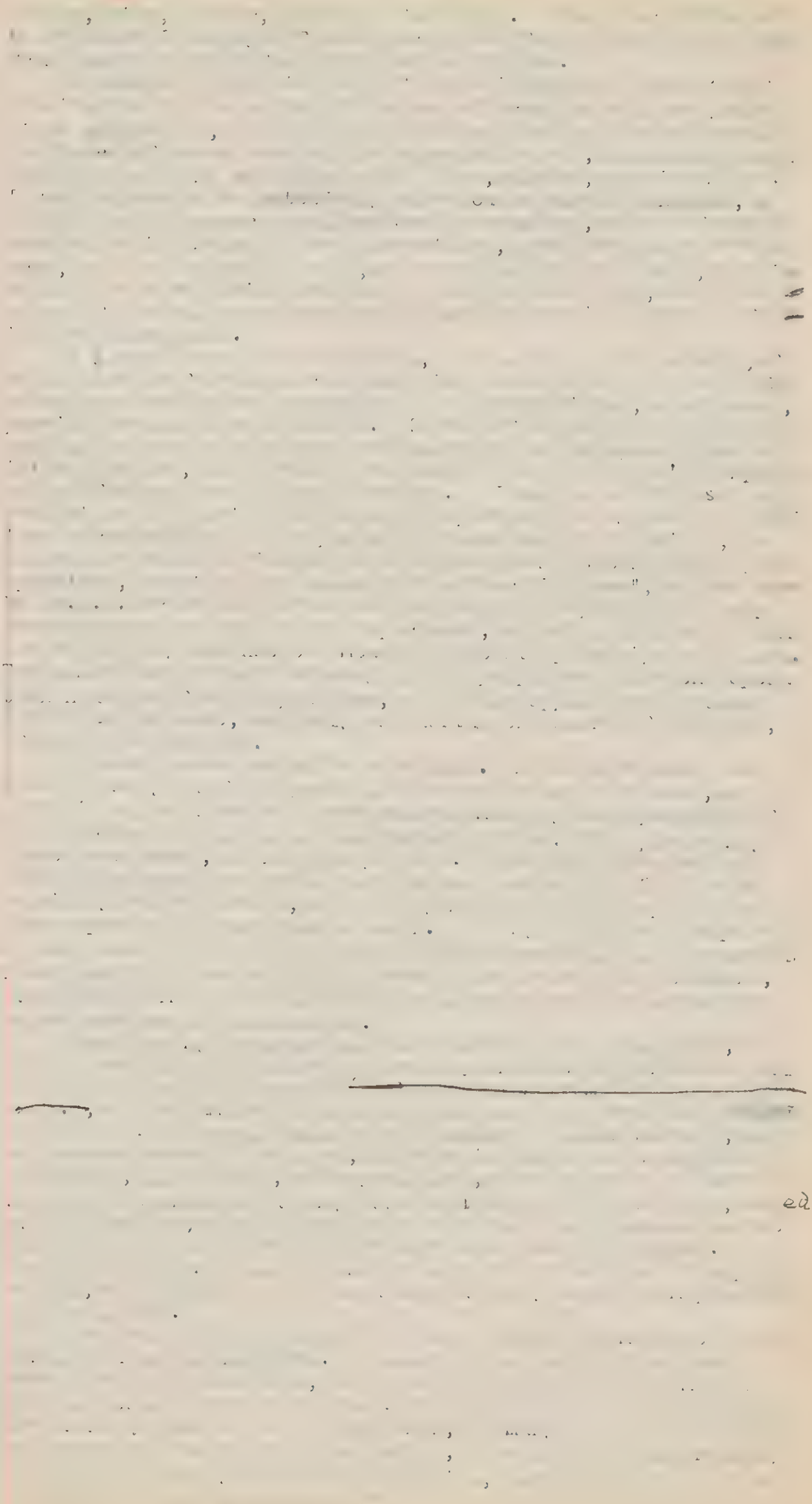
Authorities who order and enforce vaccination, will not guarantee or indemnify against the evils that so frequently result from it. It is a cruel wrong to poison the pure blood of a healthy child with impurity from a diseased beast.

THE DANGER INCURRED BY VACCINATION IS INFINITELY GREATER THAN THAT FROM SMALL-POX- We know the evils of small-pox, but we do not know what hideous poison may lurk in vaccine pus.

We have no antidote for vaccine poison - for other poisons we have, but for vaccine poison - none!

All the "protection" we have against small-pox and other filth diseases comes from our improved knowledge of Hygiene and sanitation, and if one quarter the money spent for vaccination were applied to improving the conditions of life in localities where small-pox and other filth diseases originate, we would not only 'stamp out' small-pox, but cholera, diptheria, measles, scarlatina and other diseases that are born in filth and thrive upon filth.

Cleanliness is our only natural, hence scienfific protection; not vaccination, incantation, charms, witchcraft or any other Fetich."



Dr Newman's

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In the "Record-Herald" of Chicago for August 5th is an account of the death of Elmer J. Benson, 24 years of age, who died at 1622 Wesley Avenue, Evanston on the 4th. It stated that:

> "Benson was vaccinated along with several hundred other employees while at work in a windmill factory at Beatrice, Neb. Abscesses formed on different parts of his body; and for longer than two years he had not been able to work, being confined to his bed most of the time."

Happening to be in Chicago when my attention was called to this by Mr. Scott, the author of an excellent pamphlet "on some statements of the Illinois State Board of Health" and wherein Mr. Scott exposed the deliberate untruthfulness of Dr. J. A. Egan the Secretary of that Board, I went to Evanston on the 10th of August 1905 and called at the house, 1622 Wesley Ave.; and saw the father and three sisters of the victim. I learned from the father that his son had worked as a brass-moulder for two years in the Dempster Mill factory at Beatrice, Neb. up to the year 1901 when the order to be vaccinated was given under threat of dismissal of those who should refuse to submit to the rite. The youth was then 20 years of age. He submitted. His arm became very bad, swollen to an immense size and the tissues eaten away down to the bone, it was thought by the physician who attended him that his arm would have to be amputated. After a time, the sore healed; but the young man,

who up to the date of his vaccination had been exceptionally healthy and robust, never having before in his life been ill for a day, began to pine and "run down all over," and was unable to work. Had pains in the right side; a psoas abscess and other abscesses formed. He kept at work as much as he could, for he had been the mainstay of his family, but after about two years he had to give up work altogether. He went to Colorado and to Oklahoma in the hope of benefiting by life in the open air, but all was in vain; off and on for two years he kept his bed and during the last five months was never out of it. His sufferings were fearful, so that death came at last as a welcome release.

Strange indeed it is that American employers should be guilty of the despotism of forcing upon their employees a medical rite of any kind, but stranger still that American working men should be so blind to their rights and duties as citizens of a country supposedly free, as to submit to such tyranny!

And working men, who can strike for a cent an hour in their wages have never had the manhood to strike, or even protest against the infliction of wounds, disease and death at the behest of their employers!

There is a fact in connection with this case which should be mentioned. When the owners of the Dempster Mill factory saw the evil they had done, they contributed largely to the expenses they had caused, and to the cost of sending of their victim to the country; they also contributed to the expenses of his funeral.

Of the many hundreds of like cases which have come to my knowledge during the twelve years that my study of vaccination has been carried on, this conduct of the Messrs. Dempster is the only one wherein the inflictors of the injury have contributed one iota towards, or evinced the smallest desire to do aught to ~~mitigate~~ alleviate the suffering they had caused!

In Watson's Magazine for February, 1906, is a short account of the case of Hugh Swinton Legaré, "a forgotten scholar." Born in January, 1797, he was a large well-formed child who grew to be a deformed man through having been vaccinated for smallpox. In Watson's Magazine the customary nonsense of "impure virus" is named as the cause of the terrible disaster which ensued. For months the victim was kept lying upon his back, his knee and elbow joints terribly inflamed. For eight years his growth was arrested, and when he did begin to grow, his growth was mostly above the waist-line. He came to have the head, shoulders, and chest of a finely-shaped man, the lower limbs of a child.

As a boy, his infirmity made him unfit for boy's games and exercises, yet from the position he acquired at the bar in spite of his infirmities, his normal faculties must have been far above the average.

He died suddenly after forty-six years of suffering, on the morning of June 20, 1843, a melancholy victim of the cruel vaccine superstition.

Dr. Edwin Fox (mentioned above), to whose painstaking investigation, at my request, I am indebted for nearly all the information I have obtained regarding New Zealand vaccination, stated in a letter dated April 7, 1906, that the medical profession generally in New Zealand endeavor to conceal the facts of vaccine disasters, and browbeat into silence parents who presume to set up their experience obtained at the bedside of their suffering children against the say-so of the M. D.'s. He, however, relates the case of an entire family who suffered greatly, one of them having a dreadful arm. Also the case of a post office employee whose arm, when he saw it, was greatly inflamed, and who stated that it had been very much worse; that he had been very ill, even confined to his bed for some weeks.

Dr. Fox states that numbers of persons had reported to him cases of personal suffering, and that he was surprised, wherever the subject was started, at the large number of cases of real suffering which were reported by the sufferers. That his housekeeper, whose parents

were farmers, healthy and long-lived, was vaccinated as a child and for many years suffered from an annual skin eruption affecting nearly the whole body.

Dr. Fox quotes the letter of another medical man, giving a description of two cases as follows:

a. "Mr. S's daughter, vaccinated when two months old; one month later a rash appeared on its face, and spread to all parts of the trunk and limbs. The child was well nourished, and the parents and grandparents all enjoyed good health--never suffered from any cutaneous or organic disease or any serious illness. Some are still living; the others died at an advanced age.

(Can you get your medical friend to give a description of the eruption, such as might enable the physician to recognize the eruption?

b. Miss J. (give age), vaccinated during the smallpox scare in Christchurch in 1904. About one month later, a rash appeared on the face, chest, and back, which exuded pus. (q'y pus? was it not rather a thin, ichorous fluid, and had it any odor?) Came to the doctor about one year later stating that the rash was becoming worse. Until vaccination, was in good health; had never suffered from any eruption before."

Dr. Julian of Christchurch reports to Mr. Fox as follows:

"Mr. George E. Franklin, a resident of Christchurch, gives the following as his experiences re vaccination:

'During the smallpox scare in Christchurch in 1904, I was required by my employers, with whom I had been for nine years, to submit myself to be vaccinated. At that time I was in excellent health, as was habitual with me. I had never had any serious illness. My weight was 146 pounds. I was a volunteer in the Rifles. I had no objection to vaccination, and rather thought it was the proper thing, especially as the medical officer advised it, and I was vaccinated by Dr. Moorhouse on Tuesday the 19th of January, 1904. On Thursday the 21st of January, I began to feel very confused, and could not attend to my duties properly. On Sunday the 24th, I awoke feeling very ill and stayed in bed. On Monday the 25th and Tuesday the 26th I went to work, although I was very giddy and sick at the stomach. On Wednesday the 27th I went to work, but was too weak to stand and tried to work seated. On going home at noon I was so ill and confused that I lost myself, and had not my son met me and spoke to me, I do not know what would have become of me. My son, seeing that I was very ill, took me home in a cab. After reaching home I remember nothing till Friday evening the 29th of January, being delirious in the interval. I went back to my work on Saturday the 30th, though still ill. I never recovered fully from this attack.

On Sunday evening, March 20th, an inflammatory rash appeared on my neck which rapidly became swollen like a blind boil. On Thursday the 24th of March, a large number of conical shaped elevations, having a base of half an inch diameter, with black points which changed to open ulcers exuding thick gummy matter appeared upon ~~every part of my body.~~ The pain was very great, and I was obliged to keep at home till the 30th of March. After the ulcers had discharged and healed, deep depressions remained on the skin. My employer, who had insisted on my being vaccinated under threat of discharge, now discharged me for being absent as related.

In March, 1905, a swelling as large as an unshelled walnut appeared on my neck. It was very painful, and was accompanied with a feeling of sinking and as if I was going to have a fit. The swelling on the neck disappeared, and a large number of conical-shaped boils or abcesses appeared, just like those of the previous year, only in all parts of my body, and have left scars visible to this day (May 3d, 1906) For some time after, I was so weak that I could not stand without support, and my weight was reduced to 112 lbs. I have since been slowly gaining strength.'"

In sending this report Dr. Julian wrote to Dr. Fox: "It was furnished me by Mr. Franklin in person. I hope it may be one more link in the chain of evidence in favor of personal liberty from the legal bondage of disease." And Mr. Fox says, "This is not a solitary but a typical case, but it seldom a case is so intelligently and completely reported. You may make what use of it you think best."

Another gentleman, Mr. Jh. Wilson, of Linwood, Christchurch, wrote to Dr. Fox:

"Re the scare we had here. There was not a single case of smallpox. It was all scare. But the effects of vaccination; to many it was a reality they would sooner forget. Five deaths of which I have particulars. One lad of twelve years lost his leg. Some are still suffering, and will, probably, until they die."

The report of the chief health officer to the Minister of Public Health, dated Wellington 24th August, 1904, bears internal evidence of ignorant scare. Yet all they could make of all the alleged cases were fourteen in all; but an expense account of three thousand seven hundred and five pounds sterling, or $17,458. (See government estimates 1904-1905.)

investigation) they have been incorrectly interpreted, and conclusions illogically, that is, irrationally, drawn from them.

The third illustration of irrationality in medical high places, ~~it~~ is sufficiently short for discussion in this place; it is to be found on p. 659; it is as follows:

> (4) "The causes of smallpox, varioloid, vaccinia, chicken-pox, scarlet fever, measles and typhous fever"; "Neviadomsky announces the discovery of a vegetable micro-organism which he claims is the cause of small-pox.....Inoculations of cultures of this germ cause the development of a characteristic pustule, and the inoculation of the contents of the pustule produces a series of similar pustules in other animals. The same micro-organisms were found in pure cultures in cases of varioloid and vaccinia."

Here we have a direct disregard of the law as correctly laid down by Dr. Oesterlen as above stated.

In an article entitled "An inquiry into the logical basis of the germ theory" published in 1898 I showed, I think conclusively the entire absence of any logical basis for the germ theory of disease,(2) but as that article is not readily accessible and the need for logical instruction is so constantly evident in the profession, I may be pardoned for here reproducing it in part.

In order that there may be no question as to the accuracy of my presentation of the theory, I will set it forth in the very words of Dr. Fraenkel according to the "fixed and definite rules laid down with exactness and precision by Koch."

These "fixed and definite rules" as stated by Dr. Fraenkel are: that for a micro-organism to be recognized as a specific agent in the production of pathological alterations it should fulfil three conditions as follows:

> "First: It must be proved to be present in all cases of the disease in question.
> Second: It must further be present in this disease and in no other; since otherwise it could not produce a specific definite action.
> Third: A specific micro-organism must occur in such quantities and so distributed within ~~the~~ the tissues that all the symptoms of the disease

be clearly attributed to it."

Now the first thing which will strike the logical mind is, that the third rule can never be fulfilled. As stated by Dr. Oesterlein in the passage above quoted, although we may learn "the relative frequency of the events specified", nothing concerning their causal relation, the relation, i. e. of cause and effect, can be thereby deduced.

But Professor Koch's "fixed and definite rules" are open to further criticism.

The first of the conditions above named, though constantly assumed present by bacteriologists, is true only by using language in ever varying meanings, or by defining a certain diseased condition by the presence or absence of certain bacteria, when of course if all diseased conditions except such as present the bacteria in question are excluded the case may be forced to fit the rule. This is what is actually done by the bacteriologists as witness the illustration mentioned by Dr. Boucher of an army surgeon who refused to report a case of diphtheria as such because the K.L. bacillus could not be found. I have had a similar experience in a case of Dr. Hill's ~~in~~ with the New York Board of Health. But the clinical facts belied the theory, and say the bacteriologists, "so much the worse for the facts".

The second of Dr. Koch's "fixed and definite rules" has not been attained in the case of any of the so-called germs; nevertheless, with a hardihood which might be admirable under fitting circumstances, the germologists proceed in entire disregard of the facts, and assume, as required by the second rule, the existence of the particular micro-organism wherever they want it, although they cannot find it, and its absence where they do not want it.

I have alrady pointed out a fatal objection to the third rule;- it begs the whole question by assuming that symptons may be attributed to a specific micro-organism as a cause under conditions which as clearly shown by Dr. Oesterlein, warrant no such conclusion. Dr. Oesterlein publishing in 1855 might almost be supposed to have had a prescience of the fatal logical errors in which the profession was about to fall, and to have written his "Medical logic" to guard it against them. Alas! in vain.

But further: the second, no more than the third, condition has ever been attained, and from the nature of the case, it seems impossible that either of them ever should be; yet the bacteriologists from Koch downwards, continually assume their existence in every case in which they have desired to set up bacterial peccancy; and yet Professor Craig assures us that the supposed cholera bacillus is often found accompanying typhoid fever, a simple stomach-ache, and even perfect health. (See the address of Prof. Craig before the Belgian Academy of Medicine, March 30,1895) M. Bouchadat, a strong advocate of vaccination, stated to the French Academy,

> "The system of Pasteur, stated that every contagious and virulent disease has for its cause a microbe, a pre-existent, specific, germ, floating in the atmosphere or deposited on the earth, apparently true in some, fails in many well-defined cases."

He then specified Hydrophobia, syphilis, typhus, cholera, small-pox, typhoid, yellow fever and the plague, of which the several supposed microbes had been disproved.

But even if all the conditions prescribed by Professor Koch's three rules were complied with they would be insufficient, as above shown, logically to establish the causal connection asserted from their presence.

The inoculation of so-called germs (which as has been proved by Bechamp, are the results, not the causes, of disease) into a human or other living body is an entirely different process from that which has happened when found in the condition termed disease. The conditions are so entirely different that but for the lack of the logical capacity one is at a loss to account for their confusion. It is the old fallacy of comparing likes with unlikes; the school-boy puzzle;- if a bushel of apples cost 50¢ what will be the price of a bushel of pears?

But further, the inoculation itself does not comply with professor Koch's conditions. The supposed germs being cultivated in certain media are so inseparably intermixed with their respective cultures and the poisons produced therein, that it is impossible to determine whether the so-called germs or their accompaniments produce the diseased conditions that follow the inoculation. A fourth rule must be added to the "three fixed and definite rules laid down with exactness and precision by Koch" before any, even a mere tyro in logical reasoning can accept their conclusions. Not only must "the germ in question be proved present in all cases of the disease in question", but all other sufficient causative matters and conditions must be absent.

This no manipulation has been able to effect, and all that bacteriology has really shown is that certain so-called germs do often accompany certain diseased conditions, but whether as cause or effect bacteriologists can in no wise show, while Professor Craig has shown they are often present in the organism without any disease, and Professor

Bechamp has conclusively proved that all the so-called pathogenic bacteria are evolved forms of diseased microzymas, i.e. they are common forms of diseased conditions.

An illustration almost daily presented to the clinician ought to guard him against coming to any conclusion in favor of the bacterial origin of disease.

One or other form of the staphylococcus or steptococcus has always been found in pus; so much so, that Fraenkel has been led to assert:

> "The fact that the staphylococcus is not a regular and harmless concomitant of purulent inflammatory processes, but their cause, has been demonstrated (?) by successful transmissions (Fraenkel's Bacteriology by Linsley p. 322)"
>
> Yet only two pages earlier he states:
>
> "The investigations of Scheurlein, steinhaus, Kaufman, and especially Gravitz and DeBary, leave us no longer in doubt as to the fact, that many germ-free chemical substances (such as nitrate of silver, oil of turpentine, liqua ammonia, caustici, digitaline, cadaverine, etc.) can produce an acute suppuration in the subcutaneous tissue."

Now in the very common occurrence of sporadic cases of boils and carbuncles, without any other apparent diseased condition, if these pus germs are the cause thereof, how did they get into the body to produce suppuration? If, as alleged by some, they are always present in the air, what determines them to cause suppuration once in a while, in this or that individual, while at other times he feels no ill effects? This applies with special force to cases of carbuncle by reason of its location in the tissues; and why the staphylococcus should cause a boil to-day, or in one person, and a carbuncle at another time or in different persons, or why sometimes anthrax should be present with carbuncle and only the staphylococcus or steptococcus at other times, are questions which no bacteriologist has attempted to answer,; and until full answers are given to these questions, the theories of Koch, of Pasteur and of their followers remain

the barest of assumptions.

Nor should it be forgotten that with regard to many of the so-called germs, evidence is lacking to prove that they possess life or are capable of reproduction, either by sporulation or segmentation. M. Chavée Leroy of Claremont, France and Dr. Ed. Fornier, the learned editor of the Revue médicale of Paris have raised grave doubts upon these questions, - at the same time this criticism applies to the extent only, and not the the essence of bacteriology.

We have however, this fact conclusively established: As actually occurring, in all inoculations, the so-called germs are intermixed inseparably (so far as present means of separation are concerned) with other things, unknown both as to quantity and quality, and so intermixed are injected or inoculated into living beings.

A highly useful instrument for testing the soundness of any complicated argument is the syllogism; and by reducing the bacteriological theory to the form of a syllogism we shall be able to judge whether that theory is logically sound, or whether the criticisms we have made upon it are well founded. The bacteriological statements may be thus presented:

'Certain germs under certain conditions produce certain diseases,

Or some As are Bs.

Such diseases occur under these conditions and under other unknown conditions;

or some Bs are Cs.

Therefore; say the bacteriologists;

All such diseases are caused by germs,

or all Cs are As!

Let us have immdeiately the decree of the Emperor Frederic II applied to applicants for admission to all medical schools!

A story goes that an old Irish doctor (these stories are always ~~piled~~ placed upon the Irish) who had diligently mastered all the chemical, physiological and biological theories of his day accepting with ardor every new theory as it arose, had all his convictions disturbed by the rise of the germ theory which he was not able entirely to accept. Riding one hot day in midsummer towards his home in Limerick his olfactory organs were assailed by odoriferous emanations which he soon traced to the decomposing carcass of an ass.

Postponing till the cool of the following morning his further investigations, bright and early he mounted his Rosinante and journeyed to the spot where he had spied the cadaver on the previous afternoon; dismounting he proceeded to his investigation and soon found that the cadaver teemed with maggots. At once his mind was illuminated; his doubts were swept away; the germ theory in all its beauty became clear to him. "Puir Baste", said he compassionately, "Sure 'tis aisy to see what ailed him; ~~sure~~ 'twas the maggots kilt him!"

THE CLINICAL ASPECTS OF THE GERM THEORY.

It may be assumed that the products of diseased conditions introduced within the body of an animal will produce in that animal diseased conditions more or less resembling the diseased appearances in the plant or animal from which those products have been derived; it is also true that they will sometimes produce other and entirely unpredicable conditions of disease; the conclusion frequently drawn from the first set of facts, the second being wholly disregarded, that whenever appearances of the first kind happen they have been produced by like products of disease inoculated, injected, ingested or inhaled, from without, although acquiesced in by men of eminence in the profession as absolutely illogical as ~~I have shown in another paper presented to this meeting.~~

I now propose to examine the theory from the clinical standpoint.

Dr. Crookshank produced before the Royal (Br.) Commission of 1889, (July 30th,1890) specimens of the viruses used in vaccination as also numerous drawings of the different organisms found in the different stocks of vaccine lymph used by the British local government board, which board has jurisdiction generally over vaccination in England and Wales. He states (Q.11,079) that his investigation corroborated the researches of Pfeiffer, that there were more organisms in Calf Lymph than in humanized lymph. He gives an abstract of Dr. Pfeiffer's researches at Q.11,218 - '9 Royal British Commission 1889, Fourth Report p.58 (August

1890). In the vaccine lymph examined by Dr. Pfeiffer, he found the septic bacteria, in some very frequently, in others occasionally, and almost always the staphylococcus pyogenes albus, the bacterium of pus, (Fraenkels Bacteriology by Linsley, p.326) and sometimes the streptococci of erysipelas. In answer to a request to state the various micro-organisms discovered in the various lymphs (Q.11,104) he says:

> "In No. 1 lymph, a torula, bacillus pyocyaneus and bacillus subtilis. Then in the next lymph a bacterium, which corresponds with one of the varieties of proteus described by Hauser; staphylococcus pyogenes aureus, and a yellow bacterium, a chromogenic bacterium. Then the Lamb's Conduit Street lymph contained a bacterium and a micrococcus, the yellow bacterium and a torula. Then the Aldershot lymph contained a yellow micrococcus, white micrococcus and torula and a yellow sarcina, a white diplococcus, staphylococcus cereus albus, and a mould fungus which I have not identified. Then there is the calf vaccine, No. 3 which I remember, because I have tried to look up the reference to it, it came from America, and it is reported to have been from the "only spontaneous case of cow-pox in America". That contained a yellow sarcena, staphylococcus pyogenes cereus, a yellow micrococcus, a white bacillus, staphylococcus pyogenes albus, a large white micrococcus, a yellow micrococcus, the yellow bacterium and a white micrococcus."

All these were the calf poison. Before proceeding to the humanized viruses let us consider the testimony as to the calf viruses of the United States, of a pronounced advocate of vaccination, Dr. Walter Reed, Surgeon in the United States Army. I quote from his paper read before the District of Columbia Medical Society, June fifth, 1895. The title of his paper is: "What Credence Should Be Given to the Statements of Those Whom Claim to Furnish Vaccine Lymph Free of Bacteria?"

After giving his very ample reasons for being dissatisfied with the boastings and "certificates of purity",

published by Vaccine Farm proprietors, who, while boasting their own wares, declares that all other vaccine material is dangerous he says that he examined vaccine points in original packages from the following vaccine companies:-

National Vaccine Company
Lancaster Co. Vaccine Farms
Chambersburg Vaccine Company
H. A. Martin & Co.
New England Vaccine Co.
Minnesota Vaccine Station

"As a result of this examination, I found colonies of bacteria present, as follows, per point:-

	Maximum	Minimum	Average
National Vaccine Company	1,380	43	383
Lancaster Vaccine Farms	12,312	110	2,386
Chambersburg Vaccine Co.	39,440	3,230	14,122
H. A. Martin & Co.	17,160	4,200	9,740
New England Vaccine Co.	89,000	54,000	73,300
Minnesota Vaccine Station	7,580	1,500	14,550

"As regards the presence of pathogenic bacteria, colonies of these were found in all of the plates from the six vaccine farms whose virus was subjected to the examination (except those from the Minnesota Vaccine Station, which arrived too late for differentiating species) and in addition to these, a large variety of saprophitic organisms to which no particular attention was paid. The pus organisms were staphylococcus aureus. I did not fail to find pus cells on the cover slips from any of the points coming from the various vaccine farms which were subjected to careful microscopical examination.

"You are thus able to conclude that there is no ground for the claim made by any vaccine establishment that the virus supplied by it is free from bacteria, and it is almost superfluous for me to call your attention to the fact that with the present methods used in producing the virus, the exclusion of bacteria is absolutely impossible."

From all this tale of abominations even from a bacteriologist's point of view, there follows merely this lame and impotent conclusion.

"I can not withhold the opinion that there yet remains much to be done as regards the perfecting of methods for procuring vaccine virus from the calf."

So great is the power of educated prejudice to prevent the recognition of Truth, dangled by the victim of such prejudice by himself before his own eyes.

I now return to Dr. Crookshank's testimony (Q.

11,105) where he gives the bacteriology of human vaccine.

> "No. 1 contained a white micrococcus, another variety of proteus and staphylococcus pyogenes aureus. Then, No. 2 contained micrococcus, a tetracoccus, a white liquefying microoccus, and a yellow bacterium. The next one contained white micrococcus, a yellow micrococcus, staphylococcus cereus flavus, a bacterium, a white micrococcus, a bacillus somewhat resembling the bacillus subtilis in calf lymph * * * * staphylococcus pyogenes cereus and a brown tetracoccus."

Every specimen then, both of calf lymph and of human lymph, is thus seen to contain one or more kinds of pathogenic bacteria and especially those which are connected with, and when inoculated in living tissues invariably produce putrefaction. (1)

Besides the references to Flugge and Dr. Jos Payne, given by Dr. Crookshank (Q.11,107 & 11,108), see also Fraenkel's bacteriology by Linsley (pp.321-330) and Payne's Pathology (p.478).

It is to be observed that the first two specimens of calf-lymph named by Dr. Crookshank all contained the microbe associated with erysipelas (see, DeBary on Bacteria, p.169). These are ferments and in suitable culture-media, such as are all living tissues, are capable of rapidly multiplying themselves, We have then in vaccination the bacteria of erysipelas and those of putrefaction capable of causing the production of the cadaveric alkaloids, the most powerful of known poisons, deliberately poured into the blood, and when that blood is in condition to produce such alkaloids, sudden death may result, as occurred in a case in New York in 1895, in which the so-called anti-toxine was injected into the arm of a young girl, who died in ten minutes. The physician, who was called in, styled it - murder; but interested persons who have a large interest

in upholding all forms of poison inoculation, said the antitoxine had nothing to do with it. The cases mentioned by Dr. Cless of Wurtemburg and that of the child of Dr. Langenhaus are a few of the many similar instances.

According to Landois (2) a foreign blood or serum brought into the circulation is destructively haemolytic and haemorrhagic. According to Ponfick, one per cent of foreign blood suffices; yet in children of 18 kg. the injection of 20 cc of horse serum is equal to about one and three-quarters per cent.

A priori reasoning ought to have led to the same as a probable conclusion and dictated the utmost caution in its employment. Instead of which, rashness, instead ofcaution has guided the conduct of the "Leaders of the profession" and their deluded followers. Clinical experience has established the truth of scientific prevision as against empirical quackery by fully authorized (legally) MDs.

In an article by Dr. Dermitzel which appeared in the Zeitschrift der Berliner Vereintes Hom. Aerzte we read:

> "In May of 1896 Goldstein published his researches in the Bulletin of the Imperial Bureau of Health into the effects observed under serum. He reports that there were observed from prophylactic injection into healthy children:
>
> | | | | |
> |---|---|---|---|
> | Albuminuria | 22 | Cases | |
> | Cardiac Troubles, | 3 | " | |
> | Exanthemata, | 207 | " | |
> | Fever, high, continued, | 6 | " | |
> | Limb and Joint pains, | 24 | " | |
> | Paralyses, | 16 | " | |
> | Pemphigus, | 2 | " | |
> | Scarlatinal, | 103 | " | including multiform erythema. |
> | Urticaria, | 75 | " | |
>
> Of eleven fatal cases, seven being accompanied by diphtheria are not taken into present consideration: in the four remaining the serum alone was responsible for the death.

(1) In a family in which a child had had diphtheria and recovered, a healthy child aged three years was "immunized" with 100 units. Two days later renal pains; temp. 104 degrees, marked albuminuria and haematuria; petechiae over whole body. No trace of diphtheria or other disease; death on the fourth day.

(2) Girl, aged six. Case a mild non-diphtheritic angina. Antitoxin injected April 6th. Exudate fell off during the next two days; general health improved - on sixth day after inoculation temp. 105 degrees developed, general prostration, insomnia, from from the point of inocluation a scarletinal exanthem spread over the whole body. Temperature remained at 104 degrees. No albumen. May 12th sudden general convulsions during the night - died in four hours.

(3) Dec. 9th. Eight hospital patients were "immunized" 600 units each. Seven showed no reaction; the eighth, a boy of two years, suffering from plastic spinal paralysis, whose intestinal tract had heretofore been healthy, had next day an intestinal catarrh and soon showed strong febrile symptoms. Point of inoculation reddened but on incision no pus flowed. Diarrhoea continued, died in collapse on tenth day after injection.

(4) In Wheelersburg, Ohio, (3) an experienced physician gave a sleeping five-year-old boy a prophylatic dose in the scapular region. - An hour before the injection the lad was in perfect health. Five minutes later the physician was called back to find the child dead!

In the Therapeutische Monatschefte many other cases can be found with serious or fatal results.

In that journal for June, 1896, Dr. Kruckman reports his own experience:

A half hour after injecting a dose of [illegible] himself he felt a violent itching of the scalp, which progressed down the back ending there in prickling. Half an hour later, angina cordis, vertigo, tinnitus aurium with great prostration. Temperature 102:5. The injured arm swelled, no pain, fingers partially paralyzed, a purple swelling of face, over the whole body welts of continuous itching; pricking urticaria. Skin dry, pulse impapable, abdominal distension and oppression, rarely relieved by eructations and small stools. Retention of urine for 34 hours; then improvement and recovery."

In the Vienna Medical Press for 1896, No. 25, is the case of a child one year old, which at the time of injection had temp. 102 degrees and rapid pulse, but no other symptons, and died in half an hour after the injection.

On June 17th, 1905, one of the physicians of the New York Board of Health called at the house of Mrs. Frank Lieberman, 49 Forsythe St., New York, where her three nieces- children of Morris Green of #109 Madison St., N.Y. - were visiting her. Gussa, aged 2-1/2 years, was said to have diphtheria. The physician injected her with 1000 units of Antitoxin, and then insisted on doing the same to the other children. The aunt objected, saying that Getta (aged seven) was not sick; but the doctor said: "Well, it's better she receive her treatment now, before she becomes sick." The Doctor persisted, the child resisted, but brute force prevailed and there was no one at hand with sufficient manhood to come to the rescue of the poor victim. The child kept screaming: "Doctor! Doctor! you will kill me; I know you will kill me!" The Doctor proceeded by force to inoculate the poor child, and left the house, the operation and his departure not occupying a minute.

The child sobbed out "I'm burning up" "Oh! Oh! Oh!- Oh! my face," clinging desperately to the window for coolness; her aunt tried in vain to calm her; "I am burning, burning everywhere! Oh! my nose, my mouth!" Mr. Lieberman saw the child was gasping for breath and soon her face turned blue; on releasing her hands the child fell to the floor - dead. The Board of Health refused to give the name of the Doctor who administered the antitoxin. This is their constant practice. (5q) There was no inquest or other investigation!

But besides acute effects, is it to be supposed that there are no others?

The laws of nature, the principles of biology, teach us that to maintain body and mind in health the blood must, above all things, be kept clean and pure. To build up healthy tissues, the blood, which is the builder of them, must itself be healthy - not morbid - and to a morbid condition, the vaccinists themselves confess, ~~is that to which their inoculations reduce the life stream.~~ the life-stream of all vaccinees is reduced.

To expect to secure a healthy organism from morbid, that is, unhealthy blood, is a fitting conception only for the patients of an insane aslyum.

The only practical truth to be gathered from the vast mass of bacteriological learning with which the world has been inundated is, that so-called germs are found associated with certain diseases and will produce those diseases if placed in a suitable soil. But in spite of the best directed efforts to obtain "pure cultures", when these are inoculated, along with them are necessarily implanted portions of the culture medium containing the noxa secreted by the germs, and which, by no means yet devised can be separated from them, and whether it be the germs or the contact products of the changed culture medium which produce the disease could not be decided from the data furnished by bacteriological experiments. (See the discourse of Dr. Crocq before the Academy of Medicine at its meeting in October, 1895, and the observations of Mm. Chavée Leroy and Ed. Fournie in La Revue Medicale.) Dr. Béchamp's discoveries before alluded to, give a rational explanation of the mode of action of these so-called germs and of their noxa.

The "germs of putrefaction" accompanied as above stated, find in the proteids their suitable soil. As before said, one real advance in medicine in the past century consists in keeping "germs" and their noxa from [illegible], and particularly the "germs of putrefaction" away from any part of the body where nature's coat of mail - the epidermis - had been abraided; and yet, persons deemed rational beings, doctors of medicine and others, deliberately pour these putrefactive "germs" directly into the blood or lymph-channels of

healthy human beings, first abraiding the skin for the express purpose of giving free entrance to the poison (virus) which, as we have seen, the researches of bacteriologists, including those of the only vaccinationists who have deigned to examine it, have been proved to contain these germs.

In the proceedings of the Am. Assn. for the advancement of Sci., 1870, Vol. 19, p. 330, Dr. Hilgard of St. Louis, Mo., says:-

"It is however but too true that the crowd of "specific vegetable parasites" lately claimed as the specific virus of several diseases from diarrhoea to hydrophobia (?) are only gragmentary forms (5) of the inevitable decay and neither show any mutually distinctive (specific) characters' whatever, not have they been bred into anything like a mature condition.

Surprising as the fact may appear, the vicious circle which binds together these alleged discoveries simply amount to this, that it was taken for granted, a priori, that contagious disease must be fungine parasites', on account of the resemblance between them and the true ferment phenomena: oblivious of the fact that all normal regenerative life is itself of an essentially "reproductive" nature.

Several morbid functions (or diseases) being 'specific' (as all normal functions emphatically are) some specific fungus was to be made responsible for it, and whenever an incipient funguous development was found in the rapid natural decay of any morbid secretions it was at once hailed as the supposed "specific" fungus, no rational comparison being instituted for the inevitably arriving normal fungus decay.

The literature of this subject is marvellously lacking both in observations and experiments to elucidate the nature of natural cadaveric corruption; and this shows a lack of discriminative comparison whether between the normal and supposed abnormal, or be between the supposed 'specific' organism, mutually and respectively. We cannot, however, pronounce upon the special morbid or peculiar characteristic before having compared it with normal healthy or general, nor can we distinctly, (or comparatively).

It is the old and well known 'Oidium lactis' form which has lately been detected on choleratic discharge (at a week's putrefaction) and hence construed into a brand new species and claimed as a 'specific parasite' although neither new or unknown nor exotic nor in anywise a distinctive feature. This famous 'Cylindrotoenum choleree indiciae" sibi Thome or Oidium lactis, forms, by the way, the only healthy or eatable phase known of yeast fungus, since it substantially composes the rind of the justly esteemed Clabber Cheese. And this 'Cylindrotoenum Choleree Indiciae' otherwise the 'Oidium lactis', is said to have been hunted up in its 'native haunts in the rear jungles of India'. See Hallier Die Cholera Forschungen der Engleender in Ost Indien. Compare Dr. Lewis sixth Ann. Rep. San. Com. for India, p. 140."

Although the above criticism of the germ delusion appears in the Proceedings of the Am. Ass. for the advancement of Science for 1870, medical men have continued in the paralogical belief that germs are the causes of disease, and have been constantly aided in their ignorantly conducted efforts by a press which delights in parading the ignorance of its Editors under a

simulacrum of learning.

It will not, at the present day, be denied that the medium in which life exists modifies the form of its evolution and manifestation; and, following this law, the researches of Béchamp and of his associates show, that the microzymas (microbes) exist in certain forms in the normal healthy human being; but in the sick man, the medium is changed, and in accordance with the above law, the microzymas take on a special form having new properties, thus again indicating that it is not the microbe which produces the sickness, but the sickness which produces the (special) microbe. This was established by Béchamp and Estor in 1875 (6)

It is evident then, alike from the above law as from the clinical cases adduced by Dr. Boucher, that the same agent may produce different manifestations in divers individuals as for instance, in one oculo-nasal catarrh, a symptom of measles; in another an intense quinsy, a symptom of scarlatina etc., and in like manner the same agent may produce very different forms of eruption. This agent is not the microbe: neither does the foregoing statement imply that the diseased conditions known as measles and scarlatina are the same; merely that they are derived from a like cause acting in different media, or conditions (the chief of which are telluric); as illustrations of this Dr. Boucher demonstrates the identity of origin not only of measles and scarlatina, but as well of mumps, measles and constitutional rheumatism. He shows measles to be a mucous form of the latter (Entités morbides ibid p. 46) and scarlatina as a third term between them. He traces pneumonia to a like origin, varied only by conditions, chiefly telluric. Dr. Boucher cites the cases reported Dr. Dalmas (médecin militaire of the 1st. class Archives de médecine militaire" Tome II. 1882) of a mixed epidemic of mumps and pneumonia. The two diseased conditions were present at the same time in a man who had a relapse of mumps.

According to Dr. Boucher, the infecting principle showed itself first in the more simple - the primary - form; it continued its evolution in this case of an individual having a renal predisposition, and induced in him the condition of pneumonia.

a

In plain English, it is nonsense.

Apparently unconscious of Dr. Boucher's labors, Dr. Th: Hellstrom of Stockholm furnishes a striking confirmation of the former's theory, by showing diphtheria as a yet higher form of measles (a)

But the microbian theory demands the existence of three special microbes - one for mumps - unknown! one for pneumonia, and a third for diphtheria - the two last alleged to be known viz: the pneumococcus in the one case, and the Klebs-Loffler in the other.

According to Pasteur this pneumococcus is found in the mouth, the pharynx and neighboring cavities: living there normally as a saprophyte; according to Netter it is also found in the bronchi, and according to the same authority is present in 20% of all persons, which figure is raised to 50% by Goldenberg (Cited by Gamaleia) "Traité des maladies Epidemiques" by Kelsch, p. 259 vol. I)

How then do they become a cause of pneumonia? How do they get to the lungs? The pneumococcus is rarely found in the blood, and if found there it is in very small quantity. Does it cause inflammation of the lung directly? Then why do not 20% according to Netter or 50% according to Goldenberg of all persons have pneumonia? Then we have cases of menengitis and of pleurisies in which the pneumococci are found without the patient ever having had pneumonia. Can the pneumococcus traverse the lung and lodge in those organs without causing any inflammation in the lung? And further Werschelbaum caused some mice to inhale pneumococci and found the pneumococci in the blood and none in the lungs! (Kelsch "Traite" des maladies infectieuses" p. 260 vol. I)

If it is the pneumococcus which produced pneumonia, how is it that it is only in rare cases that the phlegmonous quinsy of scarlet-fever produces pneumonia seeing that the quinsy opens the door wide to its entry and furnishes for it a suitable culture-medium? And why does pneumonia follow measles more frequently than it does scarlet-fever? And seeing it pervades the entire

bronchial tree, wherefore does it select the base of the lung by preference to display its virulence? And seeing that it loses its virulence, as it is said, about the 7th. day why does it produce, after that time, serious lesions in organs far distant from its normal place of abode, and above all, since it cannot live ~~only~~ in a temperature below 75° F. why does pneumonia prevail chiefly in the coldest months of the year?

Again, seeing that according to all the bacteriological authorities these pneumococci exist in very limited numbers before the diseased condition declares itself, how does it happen that all of a sudden - in a moment - all the vesicles of a vast segment of the lung can be all at once inflamed? (Kelsch Traité des maladies épidémiques p. 263 vol II.)

Why does this pneumococcus - which according to the bacteriologists is the sole cause of pneumonia traverse the entire lung without injury thereto and produce inflammation in the pleura and meninges? And why, as in the experiment of Werschelbaum, cited above, did not the mice whose blood was seen to be infected, also suffer from pneumonia? We have further the observation of Dr. Guinon that antipyrine produced an oculo- nasal catarrh , an intense quinsy, and an eruption like to that of measles, and on the back a scarlatinaform eruption.

Every one of the above facts gives a positive contradiction to the germ theory of disease, but falls each into its proper place, in the light of the discoveries of Béchamp.

The minrobists insist that Diphtheria is a specific disease and that its sole cause is the presence upon an eroded part of the mucous membrane of mouth or larynx of the Klebs-Löffler bacillus. This they assert is the sole agent in the production of the false membrane, and the constitutional disturbance is produced solely by the toxines secreted by such bacillus. This last assertion has been invented to explain away the absence of the K-L: bacillus from the internal lesions produced in the course of the disease. That is

is

or

so-called

albus

Further

membranous disease

sin

(So-called)

chorion

is

[illegible] life [illegible] The fibrinous [illegible]

[illegible] The fibrinous [illegible]

This appreciation of Dr Boucher is true up to a certain point; [illegible] researches [illegible] throw a more complete light upon the question. In the layer adjoining the mucosa, the diseased micrococcus have not made sufficient progress in their course [illegible] but become so [illegible]

[illegible] fibrinous [illegible], [illegible] membranous [illegible]

[illegible] in the treatise on Medicine of Charcot, Vol III [illegible]

[illegible] no [illegible] reptococcus [illegible]

[illegible] Lasegue [illegible] (Trousseau's Entités morbides) ~~(op: cit: loc:~~ p. [illegible]) [illegible]

patient he makes only the slightest allusion to the quinsy which seems scarcely to trouble him at all, but presenting pronounced symptoms of albuminuria, pneumonia, meningitis, glandular enlargements, etc; what now were the microbes or toxines which produced the diseased condition in this case? The microbists assert that diphtheria may graft itself upon herpetic quinsy, but there were no K-L bacilli, and if it is said that the above disease may have been produced by the streptococci or staphylococci or pneumonococci, then what becomes of the specificity of the K-L bacillus if the other microorganisms can produce the same effects?

In the same work p. 137 Dr. Boucher recites the experiments upon which the theory of the K-L bacillus as the cause of diphtheria has been founded. It is unnecessary to reproduce them here. It is enough to call the attention of the student to the fact that the reasoning upon the experiments contains the same fatal logical error before indicated (supra p.) which was fully demonstrated in the article in the Homeopathic Physician vol. XVIII before referred to, and which the student can always demonstrate for himself by reducing the premises and conditions of the bacteriologists to the form of a syllogism.

But demonstrations abound in confirmation of this view: Hoffman, Roux and Yersin describe experiments in which they sowed their culture-bouillons with the K-L bacillus found in the mouth of a healthy person and on injecting this into animals the results were purely negative both in the bouillons and in the animals; and on pp. 172 and 177 of the "Traité de medecine" of Charcot, Tome, III we read that if there be injected into animals, bouillons sown, the one with K-L bacillus and the other with streptococci etc. taken from the same false membrane (experiments of Barbier) the lesions produced are absolutely the same!

Vol. II. Chapter XIII.

The history of several epidemics of Diphtheria in the French army, as reported by the doctors of the several regiments is given by Dr. Boucher (Ib. pp.166 -182) in all of which the intimate connection of quinsy with diphtheria is apparent. First quinsy appears among the troops, then as the epidemic constitution becomes more pronounced, diphtheria. It also appears among the civil population, but among them it is almost confined to children.

One of these epidemics occurred in the 115th regiment of the line at Tunis, during the great heats of summer: The sanitary conditions left nothing to be desired. So long as the epidemic continued, the usual endemo- epidemic diseases were rare, almost absent, but these re-appeared when diphtheria ceased.

Diphtheria first appeared among the troops in a regiment of Zouaves, lodged in the same barracks with the line regiment. The Zouaves suffered very slightly and there were no deaths among them; and it was not till two months later that the disease broke out among the regiment of the line, the idea of contagion from the Zouaves must be excluded. The Zouaves were acclimated to Africa, the 115th of the line came from Paris, and nearly all its soldiers were denizens of that City. The troops were drilled twice a day and returned to the barracks covered with sweat. There the heat was well-nigh insupportable. The changes in temperature also were very great, amounting to from 16° to 17° C (= 28.8 to 30°.6 F.) between 8 A.M. and 3 P.M. The epidemic ceased on the troops being removed to Goulette, where the temperature was more moderate and where they were relieved from severe drills.

Vol. II. Chapter XIII.

In the history of an epidemic among the chasseurs a pied, 2nd Battalion, again we find diphtheria breaking out in a civil population at Saint Dié in the month of November, 1880, yielding 400 cases in a population of 15,000 with 21 deaths, or a fatality rate of 5.25 per cent. All the cases except 24 were among infants. Every form of sore throat was also observed among them.

In December some cases of sore throat occurred among the troops, but it was not till January, 1881 that any case of diphtheria occurred among them. During the year there were 125 cases of sore throat of all kinds and 19 cases of diphtheria.

Catarrhal affections were exceedingly rare; (the previous winter they had been very numerous).

The 19 cases of diphtheria occurred in 15 several rooms. Two neighboring rooms presented 4 cases, but these were separated by intervals of 5 to 6 months! No cases of scarlatina, measles or smallpox occurred during the entire year.

We have here (1) An epidemic confined almost wholly to the infantile population among the civilians. (2) That it did not attack the troops till two months after it had appeared in the town, the barracks being situated in the midst of it; (3) The attack occurred suddenly at Saint Dié, taking on all at once large proportions before any K - L bacillus was observed, and (4) although striking nearly every house in the town indiscriminately, for two months it avoided the barracks.

Now it was in November that the young recruits are in the full tide of their drill and of severe gymnastic exercises to which they had never before been accustoned. These were gone through in places exposed to the wet and cold, with snow upon

the ground. Thus we find exactly the conditions for epidemical attacks; great atmospheric changes and great fatigues to which the troops had not been accustomed.

The troops were thus reduced to the condition of susceptibility which existed among the infants of the civil population, while two scholastic establishments in the town containing a population of children between infancy and adolescence, living the tranquil life of the boarding school, did not furnish a single case.

Contagion will not explain the cases of diphtheria because the 19 cases were in 15 different rooms, and the 4 cases in 2 adjacent rooms were separated by intervals of five to six months; and while the first case remained the only one in its room during the entire epidemic, the second in point of time occurred in a room very distant from it.

We observe, too, that here diphtheria has occupied the entire pathology of the section; even typhoid fever was dethroned during the weather in which it usually prevails.

Another epidemic of diphtheria which occurred in 1891 in the garrison of Senlis, reported by Dr. Goumy médecin-major of the 2nd class is described by Dr. Boucher, in which similar facts are presented. Severe cold, over work, sanitation excellent, - attacks generally commenced towards the end of each week. The weather was exceedingly cold when the outbreak occurred on the 17th. January; from which date up to the 15th September, there were 41 cases.

In the room where the first case occurred, none followed, and it was not until 2 months later that there appeared 5 new cases in a neighboring room, separated from the first by a corridor. The 5th squadron and the privates engaged in circulating were almost

free from attack.

Here again we have (1) Attack commencing during the period of hard drill ; (2) severe cold weather; (3) The disease does not attack any other person in the chamber where it first appears, nor does it show itself in the neighboring room till more than 2 months thereafter, (4) Nearly all the patients are young recruits entering on a life of fatigues to which they are quite unaccustomed and affected with nostalgia (5) The cases nearly all commenced toward the end of the week - rarely between Monday and Friday (6) The 5th Squadron and the [illegible] were subjected to much less severe labors than the rest (7) All kinds of sore throat happened during the epidemic and in many severe cases albuminuria occurred, also fever and glandular inflammations, and when these disappeared desquamation of the epidermis ~~occurred~~ ensued. (8) The ~~Ma~~ epidemic appeared subsequent to a benign epidemic of dysentery by which those who suffered from it were necessarily much weakened. The history of all these epidemics, as well as of others cited by Dr. Boucher, are absolutely irreconcileable with the germ theory of disease but are readily accounted for in his admirable analysis, which even takes account of the varying severity of the epidemics in the different arms of the service, according to the greater or less severity of the exercises to which they are subjected.

The "laws of Morbidity " laid down by him in the work quoted (pp 210 - 212) are, I think rigorously established and are as follows:

(1) All morbid manifestations are due to two kinds of agents; the <u>first</u> are external to man and are constituted by the atmosphere (Sydenham's Epidemic Constitution of the Atmosphere) the <u>Second</u> are formed by the products of fermem-

tation among the protoplasmic cellules.

(2) Intermediary agent; the impressionability of the organism; this is a term of relation between the other two.

a. Impressionability is not dependent on physical appearance, but overwork, fatigue, mental worry, in fact all causes of morbidity arising from human action tend to increase impressionability and render the subject more sensitive to the action of external agents. .

b The form which morbid manifestations assume is absolutely determined by the qualities of the exterior agent,- these are determined by the weather.

Further:-

a The eruption is an accidental phenomenon. It may show itself in any form of morbidity in which the system is "infected" i.e. where the organism exhibits a general reaction.

b The eruption is nothing but the generalised manifestation of the infection of the organism. Its presence brings always a certain amount of amelioration.

In "The Origin of Epidemics"by the same author (A. Nicolle, Nancy, 1896) we see a rational account of the diminishing severity of epidemic diseases generally. At first clinicians were so absorbed in the study and description of the plague, that they did not generally give equal attention to typhus and typhoid fevers which, as their observations show, prevailed coincidentally with the plague, of which indeed they are but attenuations. The fact that those conditions were coincident with the plague, as is admitted by the microbists seems conclusive on this point . But since these 3 diseased conditions were coincident, showing themselves at the same times, in the same places, evidently the causes

which engendered the plague must have had some influence in producing the others. In proportion as the plague became less deadly, we get observations of typhus, and as typhus diminished, its place was taken by typhoid fever.

Now, as a matter of fact, these successive diminutions in degree coincide with the improvements in the social conditions of the race. The morbid phenomena follow the law established by Dr. Boucher in his "Entites Morbide." The mechanism of all the pandemics of antiquity is completely represented in the combination of the two things there explained, cause exterior, - telluric, - cause interior, - results of man's departure from hygienic laws. As there is no evidence that the former has changed to any sensible degree, their influence remains as it was during the days of the plague, and the improvement - or attenuation of the diseased conditions - must rest with the latter. This is strictly in accord with well known historical facts which bear witness to the improvement in social conditions of some of the peoples of Europe during the past two and a half centuries: while the plague and typhus continue their ravages in those parts of Eurppe and of the East where little or no improvement in social conditions has taken place since the middle ages.

The assertion that the bacillus of Eberth is the cause of Typhoid fever, rests on the same sort of illogical argumentation which we have seen presented in other cases, diphtheria for instance; and the discussion might reasonably be left here, but for the fact that the germ theory has been so speciously supported by men of various ranks in the scientific world and is of itself so plausible, and is especially flattering to mental indolence.

It was established by Mm. Roux et Rodet that ordinary

microbes found in cases of typhoid can be cultivated into the bacillus of Eberth, or at least to resemble it in form, in appearance and to produce identical lesions; and bacteriologists assert that in proportion as changes occur in the fermentation of the culture-bouillon, the so-called specific bacillus changes its form and properties (6) (Charcot Traité de Médecine, Tome I. p.733) It is, besides, common knowledge that the same organism changes its qualities with changes in its habitat. Further, bouillon-cultures of the Loeffler bacillus and those of the bacillus of Eberth produced the same intestinal lesions (Charcot Op. cit. Tome III. p.190) and bouillon-cultures of Streptococcus and of the Loeffler bacillus also produced similar results: (Ib.pp 172-177). All evidence of specificity for any of these bacilli disappear before the results of these experiments.

In Dec., 1895, Dr. Boucher had an epidemic of diphtheria in his regiment, the weather being very cold. Case succeeded case rapidly and without order, coming from rooms widely separated, often avoiding some ~~placed in the middle~~ surrounded by those which were attacked. Can those who claim that the epidemic was spread by contagion - seeing that contagion implies contiguity and continuity - reconcile the above facts with their theory? Suddenly the temperature fell still lower - to - 22° C. (=-7.6 F), an epidemic of pneumonia now broke out engrafted on the diphtheria which seemed to be attenuated, and both disappeared so soon as the temperature became milder. But the Loeffler bacillus cannot live in low temperature (Origines Epidemiques p.32). The real explanation is simple enough and it is because of its simplicity that the followers of the psuedo-science of bacteriology cannot see it.- As the Colonel said to the awkward squad

which had been the despair of the drill serjeant - "It is so easy that you can't do it."

Here were a number of men living in the same environment and subjected to the same noxious influences. The most impressionable are stricken en masse. The unfavorable external conditions continue and soldiers of less impressionability are stricken. The cases are distributed in the rooms by chance, they may be distant or neighboring and when the environment becomes once more normal, or when the causes cease which proceed from the acts of man, such as overwork, etc., the epidemic ceases! (6)

It is conceded on all hands that the individual degrees of impressionability vary and that many - the majority - in normal conditions; seem to be wholly unimpressionable to exterior causes of disease. They remain apparently hearty and robust, while others succumb to the epidemic. But though apparently hearty, the adverse conditions have some influence, even upon those who are least impressionable and if they happen to be overworked, under - or improperly fed, or subjected to worry, at any moment while the adverse telluric conditions continue, they too become victims to the epidemic; but if on the other hand the telluric conditions change they escape the peril. Every organism exposed during a certain time to an epidemic environment receives a certain impulse toward a particular state of morbidity, and even when the epidemic environment has passed away, i.e., when the

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(6) The reader is referred to Dr. Boucher's admirable work "Origines Epidemiques" for an amusing but very real exposé of the tricks of bacteriological statisticians pp. 39-43.

telluric conditions have changed, fatigue, over work, insufficient, excessive or improper diet may determine in turn the appearance of that diseased condition which without such personal factors the telluric influence would have been insufficient to originate. But says Podsysoyki (Gazette hebdomadaire de médicine et de chirurgie of 21 September, 1895 p 449 quoted by Dr. Boucher Op cit p. 54) "a certain quantity of latent force is stored up in living protoplasm " and " The organism possesses the property of creating flesh masses of living matter."

These two ~~magnificent~~ biological conceptions are supported by every known fact, even by the experiments of the bacteriologists which they so wildly misinterpret, and are absolutely consistent with Béchamps discoveries ; the creative power thus recognized by Podsysoyki is concentrated in the *Microzymas* of Béchamp.

Vol II. Chapter XIII.

According to the bacteriologists, water is the most active agent in the propagation of the Eberth bacillus and thus of typhoid, and at every attack of typhoid search is made in these days for some water which may by any possibility be incriminated.

Meade Belton experimented with different waters, from distilled water to very filthy, and sowed in them "pure cultures" of different so-called specific bacilli. In not one of these different waters did any multiplication of the bacteria take place!

Karlyuski cleansed a cistern thoroughly and placed in it 3 hectolitres of well-water every 4 days. He added to this water, 150cubic centimeters of typhoid faeces rich in the specific bacilli: at the end of twelve days, these had completely disappeared.

Hauss at Munich experimented on three different waters, water of Langfield and two waters from wells. These he sowed with the bacilli called specific, of Koch, of typhoid and of anthrax. The waters were not sterilized and were maintained at a temperature of about 10.5 C (=50.9-F). The Koch bacillus disappeared in 24 hours, the typhoid bacillus in six days and the bacillus of anthrax in three. (Charcot Traité de Médecine Tome 1p. 31)

The statement is frequently made that the deaths from typhoid have diminished since the various precautions have been taken to keep the typhoid bacillus from drinking water. In so far as real sanitary measures have diminished zymotic diseases this is true, but in the case of typhoid, "an appearance of such diminuation has been produced by a ~~trick~~ device, which we shall find has been paralleled in the case of smallpox, and to even a greater extent. The ~~trick~~ is as follows: Formerly there figured in tables of typhoid numerous benign cases which lasted only one or two weeks, and slight gastric disturbances of a mucous character were also so classed - at present these are placed in quite another category viz: - gastric remittent fevers!

So too, many practitioners refuse to class among cases of typhoid such as though presenting all the other symptoms, failed to

present the bacillus of Elburth.

Thus are really excluded some of the most rapidly fatal cases, cases in which the progress of the disease has been so rapid that the microzymas have not had time to take on the form of the "typhoid -bacillus" so-called. (9) Dr. Boucher also in his "Entités morbides" recites the case of one of his colleagues who in perfect good faith refused to regard a clear case of dothienenteritis as typhoid because the patient resided in a locality where no other case occurred and had never drunk any other than exceedingly pure water and had not been in contact with any other case! (See "Origines Epidemiques" p. 60).

Dr. Boucher narrates the following on the authority of the Bacteriologists: Ib. p. 62. An epidemic of typhoid broke out in the barracks of Wittemberg. The water was accused - but the most scrupulous microscopic examination alike of the drinking water as of the products of the men's closets failed to find a single Eberth bacillus!

The like was the case with the camp of the Lancers. The Eberth bacillus was not to be found though sought for by those who ardently wanted to find it. But the bacteriologists declared in spite of this ill success, that the water alone was guilty.

At Havre the same experience. People there were attacked with typhoid fever. The water was immediately accused. But an examination of the excellent waters of the Saint Laurent by the most eminent bacteriologists of the capital failed to discern the Eberth Bacillus - nevertheless they declared the microbes and water caused the epidemic.

Kelsch in his "Traité des Maladies épidémiques" Tome 1 p. 388 and following, relates the following observations made by Dr. Bource upon the epidemic of Chatillon - sur - Seine.

In December 1887 - the sanitary condition of the town bein excellent, there broke out suddenly an epidemic of typhoid fever

which attacked indiscriminately all classes of society. The commencement of the epidemic was said to coincide with the distribution of water from a reservoir built during the previous summer and just opened to use.

It was alleged that some of the workmen were Italians (8) who had recently come from Noiron where typhoid fever prevailed and that many of them had been observed depositing their faeces in the excavation some days before the arrival of the water: Dr. Cyrodey thereupon concluded that the adulteration of the water by these faecal makers was the cause of the epidemic.

Now the bacteriologists unanimously insist that the Eberth bacillus is to be found in the faeces only during the period of ulceration of the Peyer's patches, and it is inconceivable that even "foreigners" could have gone to work at the stone-yards during the period of such ulceration.

Further the bacteriological experiments of Kurlinski prove positively that the faeces of a few "foreigners", even supposing they contained the Eberth bacillus, drowned in thousands of cubic metres of water would have disappeared very rapidly. But when the "gossip" of the faeces was going abroad Gutheran (cited by Kelsch) investigated it and unfortunately for the microbian theory he discovered that a full year had elapsed between the (alleged) defilement of the water by the "foreigners" and the breaking out of the disease, and that during the whole of that period the inhabitants had made constant use of the water and no one had been made in the least ill thereby.

At Paris in 1886 river water was substituted for spring water in certain quarters. From July 20 to the 7th. August the entry of typhoid patients into the hospitals increased considerably. This coincidence was loudly declared by the microbians to be consequent upon the change in the water supply. On investigation it was found that the new supply had been effected only in three arrondisements, the increase in cases of typhoid occurred not only in

these three arrangements, but to an even greater degree in the other 17 which continued to be supplied by the spring water!

The microbians assert that typhoid fever had greatly diminished in Vienna since that city had been supplied by spring water in 1874. The tables of Hosny show that the diminution dates from the year 1850. But the same tables show that from 1874 to 1880 typhoid fever diminished greatly among those who were supplied with water from the Danube and in no greater proportion among those who received the spring water: in 1880 there was a general increase in cases of typhoid although during the previous nine months the whole of the drinking water was supplied from high, very high springs. From a bacteriological point of view, this is specially suggestive, because according to all the bacteriological authorities those waters were the least likely of all to contain the Eberth bacilli (origines épidémiques" p. 66)

In December 1886, after a few isolated cases, typhoid fever broke out severely at Bourg both among the military and civil population, attacking exclusively(?) those who used the water of the Lent canal; and the microbian who states this fact (?) was careful to observe that all who used only the local surface waters escaped!

Those who have given attention to conditions of good sanitation are of opinion that surface or ground waters are generally inferior to waters coming from a distance for drinking purposes, and for the reason that the former have had less opportunities for filtration and aeration than the latter; but this statement becomes more remarkable yet when we observe that the fever scrupulously respected all who drank the local supply even though they were in direct contact with the diseased foci: but the strangest fact (?) has yet to be observed for at the same time that the epidemic raged at Bourg, among those who drank the waters of the Lent, at Pont d'Ain and at Montreuil, places situated the one at 1[illegible] the other at 17 kilometers from Bourg, the epidemic raged [illegible] although none of the residents of

those towns partook of the waters of the Lent. (Origines Epidemiques pp 67-8)

A careful analysis by Dr. Boucher of typhoid epidemics at Compiegne from 1876 to 189[illegible] Loc. cit: pp. 68-77), of an epidemic of typhoid which attacked the 5th. Dragoons in the year 1893 (Ib. pp. 77-87), and of one which attacked the 54th. regiment of the line in Sept. 1893 all show the absurdity of ascribing the typhoid infection either to contagion or to the water supply, and shows that the true source is to be found in telluric conditions acting upon persons enfeebled by any cause such as poverty, prior sickness, overcrowding or overwork; ~~and~~ Dr Boucher seemed to suppose that while some organized ferments acting upon persons rendered impressionable by one or more of the latter set of causes may have had some influence on the form of disease, there was evidently nothing specific in it, for the same results were obtained with cultures of streptococci, pneumococci etc.(9a)

The principles established by Dr. Boucher and the explanations given by him of what may be termed the order of succession of typhoid (and other) epidemics was well illustrated in the case of the epidemic which occurred in the 54th. regiment of the line in 1893, described and admirably analysed by him in his "Origines Epidemiques" pp. 88-94 and will illustrate also the Gloucester epidemic of smallpox of thatyear hereafter mentioned as well as the absence of any epidemic in London in 1858-9 when the almost inconceivable filth which had been accumulating in the Thames for generations, caused such unbearable stenches that Parliament adjourned and the law courts were broken up.

Further the experiments of Varlinsky, of Meade Bolton, of Krauss prove that the so-called specific microbes cannot derive their existence from the water. Mignet proves that the air destroys their pathogenic power, Arnould that they can live in it but a short time, and recent experiments have proved that light is exceedingly destructive to them. The experiments of Frankel, Koch, Pranowitz, Arnould, Chaute-messe and of Vidal prove that the pathogenic

micro-organisms not only cannot multiply in the earth but speedily die, or disappear, when placed in it.

In "Waters and Water Supplies", by John C. Thresh, D. Sc., M. D. and D. P. H., 1904, p. 165, will be found a statement of a "most painstaking and careful search" by Dr. Lorrain Smith in connection with an epidemic of typhoid fever in Belfast in 1898.

> "In January 1897 several cases of typhoid fever occurred within the catchment area of the Belfast water supply and the discharges from the patients were thrown upon a manure heap which drained into an adjoining stream flowing into the reservoir. The bacteriological investigation was undertaken to ascertain whether the infected material had reached the water supply. x x x Dr. Lorrain Smith found evidence of the presence of the typical bacillus of Eberth and the bacillus coli communis of Escherich. He then proceeded to examine the water supply to determine if one or both of these bacilli were present in the water, over thirty samples being collected from infected houses. He failed to find the typhoid bacillus in any of these samples."

There is an interesting, but more curious and instructive monograph by Major R. H. Firth and W. H. Horrocks (R. A. M. C.) published in the British Medical Journal for September 27th, 1902, over which a great to do was made by the press at the time of its publication. I notice it lest it might be thought I had overlooked it. These gentlemen cultivated very industriously the (so-called) typhoid bacillus (Bacillus of Eberth). The "stock" from which their cultivations were derived were (1) from a culture of the bacillus typhosus which had been in the laboratory for some months,

the two others from recent enteric stools. The experiments do indeed illustrate the necessity for cleanliness and for the proper aeration of soils or clothing upon which the products of the disease may have fallen, but the article is useless because of the investigators perpetration of the logical error of drawing casual inferences from experiments having no parallel in the happenings of actual life.

The logical error has led the learned authors to conclude adversely to the disposition of dejecta in pail or earth closets.

Were the Bacillus Typhous really the cause of typhoid instead of being one of its many results, there would be some force in their arguments; but being effects and not causes, their labors were simply so much skill and labor wasted.

In "The Hospital", for September 13th, 1902, (vol. xxxii p. 409) is a very able article on prophylactic inoculation showing that the objections thereto in the case of the plague and of typhoid fever are appreciated at least to a great extent by the author, yet, strange to say, he says:

> "Vaccination against small-pox stands on a different footing. Not only is the process peculiar to itself, but so also is the certainty of its effects. Moreover the virulence of the disease against which it is protective and the readiness with which that disease attacks all sorts and conditions of men, practically irrespective of their surroundings, etc., "

Here we have an illustration of the strange obsession which overcomes the judgment of otherwise rational men, able physicians when they come to speak of small-pox and vaccination.

At the Sanitary Congress held at Manchester (England) in 1902, a lecture was delivered by Sir William J. Collins, M. D. reported in Vol. XXIII of the Journal of the Sanitary Institute pp. 338 - 356 in which he said (p.346) that "Reports of our own Board of Agriculture have shown that in the case of anthrax the inoculated sheep have either died as a result of the injection of the vaccine material, or succumbed to anthrax when inoculated with the virulent material, after being what was considered immune to the disease"

"In Austro-Hungary and in Germany the experience has been the same. Professor Muller of the Royal veterinary School of Berlin says: 'Preventive inoculation of Anthrax has not many, I may even say no friends in Germany.....I believe that preventive inoculation is now fully abandoned in Prussia and has not been practised during the last five or six years.....the general opinion of scientific authorities in Germany is that the best measures against anthrax are careful destruction of carcases, and in most careful disinfection, and that inoculation will have no effect in lessening the loss caused by this disease."

"In the case of pleuro-pneumonia, the report of a Departmental Committee presided over by Lord Dunmore, has a similar experience to relate: they found that cattle contracted the disease after apparently successful inoculation, and they condemned the practice as applied to farm stock as at once expensive, uncertain, and even possibly dangerous." and cited the opinion of Arloing, "the great veterinary authority of the Hague as condemning the practice."

In "Le Médecin for the 13th. Jan. 1907 is an article by Dr. A. Corlieu "- county doctor" from 1852 to 1862, upon the etiology of Typhoid fever.

He states that he was in the habit of writing down his observations of the sicknesses of his patients which he had preserved and can produce in support of the opinions he has formed.

There is a hamlet called "Le Pont" separated by the Marne from the rural domain of Dr. X.....It is open towards the East and contained about 200 inhabitants. It is at an altitude of 75 maters (232 1/2 feet) and has no stream or watercourse passing through it. The hamlet is inhabited by vinegrowers in easy circumstances living much in the open air, drinking and selling the products of their vines. The waters of the region are spring waters, clear limpid and undefiled by the neighborhood of dunghills, sewers, sinks or swamps.

On the 12th. May, 1852 he was called to the bedside of Mme. Bédel-Cambrais who was suffering from typhoid fever of the adynamic type - cured by the 15th. June of same year.

The same day Mme. Gratot Maximin called him in, being also seized with Typhoid fever of the same type. She had nursed Mme. Bédel -Cambrais with great care and was cured by the 22nd. July, 1852. On the 24th. July another relative and neighbor, Bède-le-Grand was taken sick and recovered in due course. Two other similar cases happened in the same locality which also terminated in recovery. Other isolated cases occurred in neighboring places some of which proved fatal.

Since that date typhoid has never reappeared in that county in any epidemic form and the inhabitants continue to drink the same waters.

If it be true that the typhoid disease has always for its cause the typhoid bacillus, have all the typhoid bacilli emigrated from the waters of Le Pont to some other country seeing that the people continue to drink the same waters from the same sources?

Professor O. Rosenbach of Berlin is the author of a work entitled "Physician vs. Bacteriologist" which deserves much consideration. Both author and translator labor under the disadvantage of believing (or believing that they believe) in the prevailing superstitions of the germ theory of disease, but perceive that sufficient weight has not been given to the susceptibility of the individual. They evidently regard disease as an entity and to be classified accordingly, they believe (or think they do) in the auto-protection of certain diseases, and in the prophylactic power of vaccination. But the author recognizes the fact that "The human organism is not a limited nutritive ground in the experimental sense" (p.25). Also that there is a difference between the results of experiments on animals and thos e which actually occur in human beings in disease (pp.27-8) and that (Ib.29) in even comparatively simple cases of operative procedure upon animals the results cannot be generalized or transferred from one animal species to the other and "least of all to man."

He says: (Ib.) "It seems as if the exclusive acceptance of bacillary etiology may have led us away from the true path of solving these problems." (such as the part that the tubercle bacillus plays in phthisis) "for in view of the mere possibility of infection we are beginning to underrate the significance of individual disposition and of the part played by already existing living diseases, inflammations and catarrhs, notwithstanding the fact that clinical experiences daily demonstrates the importance of these factors."... In the former case there is the action of a noxa, probably very slight quantitively and likely to experience dilution while traversing the first route. The experiment, avoiding all defensive agencies, introduces into the blood large quantities of microbes in pure cultures". * * * * * *

Considering all these different conditions, is it to be wondered at that the final results in both cases are widely different?

What reason can therebe to assume

"identity of processes when one, taking place in

the clinic, shows in every case the effect of individuality, of predisposition; whereas the case called forth by experiment does not at all manifest these factors? If of one hundred human beings exposed to the same contagion only a minimal percentage falls a prey to illness, whereas in experimental injection not one is even spared, how is it possible to speak of even a similarity of the phenomena."

He also says:

(Ib. p. 34) "None of the conclusions arrived at from test-tube observations x x x x can be utilized in practice, since very simple conditions are present in the first instance, whereas the lasting fixation of conditions in the living human being is almost entirely beyond our influence."

and on p. 37:

"All laboratory methods by whatever name they are called, are only makeshifts, because they artificially imitate disease; they are able to touch upon only the extraneous aspect of matters x x x x they will never present the vital point; the origin and development of the functional disturbance, the ingenious compensations as manifested by the struggling organism under peculiar conditions. They can never be identical with the real mechanism."

and with the nature of regulative processes encountered as symptoms at the bedside."

He shows in fact that disease by injection and disease by infection are two distinct processes, are qualitatively different, and in no form to be compared (Ib. p. 127)

Inquiring into the alleged bacterial etiology of Pleurisy (Chap. XI p. 112) he observes:

"The fact especially demonstrated by all authors, that Schizomycetes are absent in the overwhelming majority of cases of serofibrinous exudates, speaks more loudly than anything else for the truth that the presence of microbes cannot be identical with the demonstration of the general or special causes of inflammation of the pleura." (10)

Further he shows that the excuse that the generators of inflammation can not exist in serous fluid is erroneous, because they have been found in fluid serum and further, congealed (coagulated ?) serum is a good "culture medium" for microbes.

Thereupon a new excuse was imagined, viz: "that the microbes reach the exudate only in those cases in which they are not retained on the interior of the tissue". But say Dr. Rosenbach, " a very lively intercourse is always present between pleura and its contents, as shown by the absorption of the most various substances injected into the pleura so that such an absolute retention in the tissue is not very plausible especially as the surface elements of such tissue continually desquamate in marked inflammatory processes." Dr. Rosenbach considers that "micro-organisms play an important part in suppuration, although not an exclusive and permanent one."

It is greatly to be regretted that Professor Rosenbach was not acquainted with Bechamp's researches and investigations - had he been he would have known that the so-called pathogenic bacteria and microbes are the results, not the causes, of diseased conditions, and he would not have thought that "microbes are the cause (p. 126) of the affection in the great majority of cases of acute endocarditis," in any proper sense of the term cause. Indeed the fact cited by him, that in the course of disease endocarditis may occur within a few days with a perfectly normal heart seems to

me to disprove the above assertion. The diseased condition in the course of which endocarditis shows itself in a normal heart has without doubt caused the microzymas to evolve into (so-called) pathogenic bacteria, which, carried in the bloodstream to the heart act there as foreign bodies, and inflammation is set up just as it would be if instead of a microbe an infinitesimal grain of sand had been deposited:- the microbe being a ferment, the inflammation proceeds more rapidly than in the case of an inert body, but the cause with the diseased condition, the microbe is most but a secondary cause through which the diseased condition expresses itself. Dr. Rosenbach's criticisms of the method of Koch are admirable and unanswerable. They are an elaboration, and in detail, of the errors demonstrated in my paper, "An inquiry into the logical basis of the germ theory of disease" before referred to, in which as there clearly shown, Dr. Koch's argument may be reduced to a sylligism, when its absurdity becomes self-evident.

After studying the process by which it was claimed by the U. S. Department of Agriculture that the value of its test for tuberculous diseases in cattle was established, I wrote to the department in pointing out to them that their (supposed) decisive experiments were absolutely worthless from a scientific standpoint, because of the absence of any control experiment, while their supposed decisive experiments were being carried on; Dr. Rosenbach's criticism on pp. 142-3 indicates that had such control experiment been made the worthlessness of the tuberculin test would have been apparent, as it would have shown the reaction occurring as frequently in the healthy individual as in the tuberculous, though most probably in a somewhat less degree, - a difference wholly insufficient on which to establish a diagnosis; besides implating the disease itself in many individuals who have some predisposition to it, who but for the injections might never have become infected. As Dr. Rosenbach points out, and as has been several times urged in these pagaes, from the point of view of the danger and positive malpractice of the injection of poisons and especially of organized poisons, all the defensive

apparatus of the ~~body~~ which so constantly acts to preserve it from noxious influences are set aside; and this, probably the most important of the factors constituting predisposition is eliminated; thus rendering it impossible to ascertain the quantitative value of the most important of the two unknown quantities in the equation of disease by infection. The importance of this objecttion to the Kochian method may be more readily estimated upon remembering that tuberculin and many of the other (so-called) pathogenic bacteria may be introduced in enormous quantities by the mouth and even per rectum without the smallest inconvenience being noted, unless there happens to have been some solution of continuity in the mucous lining of the alimentary canal.

Further as regards the diagnostic value of the Kochian method, experience has shown that there is no certain relation between the dose and the quantity of the tuberculous products; on the contrary, extensive diseases often manifest no reaction to the tuberculin test or but a very slight one, showing as Prof. Rosenbach indicates the presence of another (and in my judgment a far more important) determining factor, viz: predisposition i.e. the irritability of the individual.

> Says the author quoted (p. 153) "Whichever way we turn, we encounter contradictions and unproved assumptions, and these contradictions are not compensated by practical experience, but instead become still more prominent."

Dr. Rosenbach also showed that so far from being a specific infective agent, the symptoms produced by tuberculin were common to many agents, and that as regards its therapeutic value experience contradicted both it and Koch's explanation of the mode of action he ascribed to it (Phys. Vs. Bacteriological pp. 153-4).

He also shows that the irritation developed by the injection is a decided disadvantage. It is not, says he, the inflammatory reaction which signifies the tendency to heal, but "processes in the cell that often run their course with manifestations of inflammation. Inflammation is only a secondary process; to incite the same will promote the efforts at healing as little as the generation of smoke answers the efforts of those that need fire, altho'

Inner margin and closeup

smoke is generally developed where there is a fire."

It is a strange commentary upon the inconsistency even of scientific minds, when obsessed by the prejudices of education, that Prof. Rosenbach seems to believe in, and tries to give reason for the prophylaxy ofvaccination while recognizing that "only vital thoroughly healthy tissue is capable of furnishing a barrier against the propagation of infection." (Ib. pp. 157-8); and in attempting to uphold vaccination he makes assumptions - introducing them it is true with an "as it is alleged", assumptions based on no evidence and continually contradicted by experience, as for instance he states it as "well-known that small quantities of a homologous substance so influence the healthy cell that the invasion of certain micro-organisms furnishing similar substances becomes harmless because, as it is alleged they no longer find an appropriate nutritive soil in the affected organism,either from the fact that combinations are encountered here which they were intended to form at the termination of their process of life, and the development of which from the animal cell is inseparably associated with their own development, or because the cells irritated by the vaccine, owing to this irritation are in an ~~inflamed~~ improved condition of defense, the nature of which is as yet not known to us."

~~It is pitiful to see a man of science capable of producing so, on the whole, meritorious a work as that now under consideration, give expression to so great a jumble of irrational conceits:~~

Here Professor Rosenbach ~~He~~ starts out by assuming the prophylactic power of vaccination and describes the principle of its action as "well-known" and at the end of the same sentence in which this assumption is made admits that it is unknown, for unless the nature of the"improved condition of defense" is known, the "principle" of vaccination is necessarily unknown. Then as to the reason for the invasion of the micro-organisms becoming harmless "as it is alleged" by whom and on what evidence is it so alleged? And here is a further implied assumption that small-pox is caused by micro-organisms; a statement absolutely without evidence to support it, and which is ~~in~~ contradicted ~~to~~ by the real biological ~~real~~ discoveries of Béchamp. Then as to the"improved condition of ~~the~~ defense" seeing that by the very hypothesis the vaccination induces in the cells an abnormal condition, and as the only normal condition is that of healthy, the abnormal condition is evidently an unhealthy one, ~~one~~, and yet, a few sentences further on he states, and states truly, that ~~a~~ only vital thoroughly healthy tissue is capable of furnishing a ~~barrier~~

barrier against the propagation of infection."

With all this, he yet admits that the fact

> "that no bacilli can be found in areas with extensive tissue necrosis, is no proof that it is proper to produce necrosis artificially."

This is correct logical reasoning and may be expressed by the formula

Though all As are Bs

Some Bs may not be As

yet strange to say, when Professor Rosenbach treats the subject of vaccination he completely ignores those principles of logic which he knows so well how to apply in dealing with bacterial pretensions in other cases.

In justifying, as he rightly may, the trial of Koch's tuberculin upon patients and others who freely gave their consent thereto, Professor Rosenbach warns the physician that he must never, in experimental investigation, even though guaranteed by a prominent investigator, trust to the result of animal experiments, except as a starting point, nor should he blindly accept new doctrines, or burn his own idols in fanatical zeal to exalt the new. The responsible activity of the physician, whose highest aim is the healing of suffering humanity, consists above all in that he does not neglect the most important of all principles which should guide the physician, viz: not to injure the patient. The student of these pages will have observed how completely this primary law of the ethics of medicine has been disregarded, how recklessly it ~~has been~~ is violated in all vaccine inoculation.

Dealing with a poison of whose nature he is ignorant, except that it is organized, he rashly interferes with the order of nature to provide results which he thinks, or believes he thinks may be beneficial, but which he knows or ought to know often have produced disease and death; and which the merest

smattering of physiology and of biology ought to teach him are always liable to do so.

To impose such a treatment upon a patient without his consent, or upon any person however infantile or ignorant who does not fully understand the possible consequences of what is being done to him, is the most shameless form of despotism, and of faithlessness to trust, which has ever disgraced the medical profession and to which no people capable or worthy of self government has ever before submitted.

> Professor Rosenbach points out that the true physician "gives timely and emphatic warning of the treacherous nature of analogies so easily created by laboratory experiment, with its uncertain and arbitrary premises." (Op. Cit: p. 168)

He asserts that no facts can be adduced to prove that the development of fever ever exercised a healing effect, and though a rise of temperature frequently accompanies the phenomena of certain pathological processes, which rise in temperature and pathological accompaniments we call fever, this does not justify the artificial production of such rise, as a process of cure. I appeal to the conscience of every physician capable of observation and of logical reasoning to produce a single fact to contradict this assertion. I know of none.

> "The first sign" then truly says Professor Rosenbach, "of critical prudence should have been to reject the requirement of Koch that febrile reaction was a sine qua non."

Prof. Rosenbach shows the delirious frenzy of the profession in adopting the Kochian statements and logic without examination, or time for examination even in the crudest manner; and then with a masterly criticism exposes the weakness and generally erroneous character of every one of Koch's theories and procedures. (Op: Cit: pp. 168-173). He also demonstrates (Op. Cit: p. 188) that so far as the experiments go they show that the Bacterial proteins do not exert any protective effect worth

mentioning: And yet it seems from various statements made in his work, that he believes or thinks he believes in Cowpox prophylaxy against smallpox! This curious contradiction is the more striking that Dr. Rosenbach recognizes that

> "To immunize" (he assumes immunization by drugs as possible) "therefore, we must not look for irritants which produce active, inflammatory(febrile) reaction, but....."

Can there be a more decisive proof of "active, inflammatory (febrile) reaction" than the fever and the abscess or ulcer, and, according to Jenner, with pupifelas as a necessary feature, which are the desired effects in successful vaccination?

His criticism of the prevailing theory, which attributes Cholera to the comma bacillus is equally trenchant and conclusive. He shows that to this absurd theory are due much of the "choleraphobia" of the public, and the indifference with which in consequence of this fear, the most deplorable encroachments upon the personal liberty of the individual have been regarded; and he demohstrates from numerous facts, wholly inconsistent with one another on the theory of the bacillary origin of cholera, that the bacillus is an accident-not a cause of the disease. He further says: "The condition of the ground water" (alluding to what is known as the ground water theory of the origin of cholera) "may announce that one of the factors that influence the activity of the body in general and, with it, that of the intestines in a manner not determined as yet, has materially changed. But..... this is surely only a secondary phenomenon..... synchronous with cholera, but not in a causal relation with the same. As little as the advent of the birds of passage is really spring-although the appearance of spring is in a certain relation to the advent of the birds-just so little is one of the causes so far given, the real cause of the occurrence of that pandemic, and epidemic insufficiency of the intestine of adults, which we term cholera."

He indicates, in parallel columns(p. 203) some of the changes which have taken place in the theories hazarded at different times with respect to the character of the comma bacillus, and evidently recognizes these changes as illustrating the general unreliability of these theories. The fact that such changes have been many times ~~as~~ more frequent, not merely in one factor of the vaccine rite, but in every theory and practice relating to vaccin-

ation, does not seem to have occurred to him as at all affecting the credit to be attached to whichever of them happens to be the fashion of the day. He points out the contradictions involved in the theory of the "germs" of cholera being water-born with the facts as they exist and the ~~inhuman~~ to inhumanity tendency, there by carried also ~~and~~ of the theory of infection carried by bacteria, and concludes that:"(1) Modern bacteriaphobia leads to a neglect of the laws of humanity and neighborly love:
(2) It nourishes the fear of infection in a deplorable and threatening manner:
(3) In its final consequences it leads to serious molestations of the individual and of the community. and
(4) All sacrifices asked and made are not in proportion to the correctness and demonstrative power of the views on the basis of which they are demanded."

He says: "The theory of infection remains a large sized X and an interrogation point. In Breslau we see the abrupt extinction of scarlatina, of measles and of diphtheria; suddenly the curve rises again, and we have the most distinct epidemic in spite of all reports of cases and of measures of disinfection. The great X remains as before"----i. e., Unknown."

He demonstrates that cholera is not an infectious disease. If this conviction were to replace the present increasing terror (and the same as to facts and reasoning apply to scarlatina, to typhoid fevers and to typhus, measles, diphtheria, influenza phthisis, and smallpox) "measures of disinfection could be dispensed with which blames the patient as the cause of the affection and thus represses all sympathy for the sufferer in the interest of self-preservation."

It is"Not the patient that is the center of the evil, but the conditions, unfortunately unknown as yet, of our environment, of the climate, and of the soil, which create one region and one continent a cholera locality, and finally render the human organism unable to preserve normal functions under unfavorable condions."

The student of this work will bethink him of the "Epidemic constitution of the Atmosphere" of the wise Sydenham.

Dr. Rosenbach denies that drinking water is the real cause either of typhoid fever or of cholera, of their endemics and epidemics and says:"that the decline of the disease after the closing of the well which usually is not done until the epidemic has reached its acme and is attributed to this sanitary measure, can not for me and for many others take the place of a scientific proof of the etiological connection."

A

Sweet [illegible]

In an article published in the [illegible] entitled "Sterilized Milk" in the [illegible] by Dr. Louis Fischer [ ] that experienced clinician says:

"Sterilized milk is very harmful, because of the changes which take place during the process of sterilization. We rob the infant of the most important [illegible] necessary for the growth and development of [illegible]" [and Mundell, K.E.] Babies fed on sterilized milk are usually pale, their muscles are [illegible] flesh is soft. They usually develop rickets, scurvy or spinal disease. Sometimes they are very fat, and such fat [illegible] mistaken for health."

It is to be regretted that Dr. Fischer was not able to give these results ~~[illegible]~~ [illegible] in [illegible] scientific [illegible] chart. But Dr. Fischer does not seem to have had any acquaintance with the researches and discoveries of [illegible] and if still unfamiliar with them, as is but too probably the case, it will be [illegible] to account for these results which clinical experience has taught him, but which [illegible] to forecast. The changes which take place in the

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[ ] Visiting Physician to the [illegible] Hospitals of N.Y. City; Attending Physician to the [illegible] the N.Y. German Poliklinik; Instructor in Diseases of Children in the N.Y. Post-graduate Medical School and Hospital; etc. etc.

He questions the advisability of producing germ-free foods, and administrating them indiscriminately and for reasons similar to those which I expressed by letter to Mr. Strauss when that most philanthropic gentleman entered upon the task of supplying sterilized milk to the poor of New York; supporting my views by the direct opinion to the same effect, of the late Dr.Hubert Boëns of Brussels, expressed by letter to me at my request for the purpose of submitting the same to Mr. Strauss,-who, however,-after consulting the "authorities" upon the subject felt bound to follow their advice.

Already we have seen in an increase of "rickets" the effects foretold by Dr. Boëns and myself, and the admission gradually percolating through the press of New York-"that it is a question whether the feeding of infants upon sterilized milk is not possessed of some disadvantages not previously foreseen." Not foreseen! when it was actually foretold by Dr. Boëns and myself to the gentleman whose magnificent charity was embarked upon the enterprise; and not he but the presumptiously ignorant "authorities" by whose dictum he was bound must be held blameworthy for the result. ‹ 73 ›

A notable and valuable chapter of Dr. Rosenbach's work is devoted to the "fear of infection" (Chapter XVIII) which finds its present main support in the theory of the bacterial origin of disease, and is carefully cultivated on every possible occasion by the health(?) officials of the United States, of Great Britain and of many other countries, but nowhere, so far as my researches extend, so shamefully as in those two countries. This subject already touched upon in various parts of this work will be again treated in a future chapter(see Chap. XVIII.)

Dr. Rosenbach exposes the very little utility and frequent danger of bacteriological reliance for either etiology or diagnosis. He criticizes the medical statistics with admirable sagacity and admits (p. 431 Note) "The last word has not been spoken even about the value of smallpox inoculation, or about the significance of the undulation of smallpox epidemics the diminution of which we deem it opportune to attribute solely to vaccination." Tempus docebit:

Is it too much to express the hope that this original observer and thinker will take upon himself the task of investigating Vaccination for himself, and no longer accept it upon the sayso of others, even though those others were his own venerated teachers in this country.

What a pity that this true man of science had not become familiar with the researches and grand discoveries of Béchamp!

The considerations placed before the student in this chapter have I trust sufficiently exposed the absurdities of the germ theory of disease. For further elucidation thereof I refer him to the works of Dr. Boucher and of Dr. Rosenbach from which I have so largely quoted. I will now place before him some of the unhappy results of that debased medical practice to which belief in the germ theory of disease has led.

I will take first the Pasteurian inoculation for Rabies.

It is claimed by the followers of Pasteur that the fatality of that disease, i. e., of the proportion of deaths to cases has been greatly reduced by the practice of anti-Rabic inoculation; but whereas, in France, for the period of thirty years in pre-inocu-

Chapter XIII

of new series of vol VIII [illegible]

p 40 (14). Any official report upon diphtheria and the use of antitoxin in the United States may be referred to in illustration of the facts [illegible] stated in the text. Dr. [illegible] Watson, associate professor of hygiene in Baltimore Medical College, in an article published in the Alumni Journal of that city, April 1, 1896, under the title "Four years experience with diphtheria antitoxin" is the latest exponent of the practice in America. On p. 22 of that journal he [illegible] quotes with [illegible] one who states that [illegible] "there is no remedy in any disease that has once established itself so firmly as antitoxin in diphtheria" and [illegible] the testimony upon which this conclusion is based is the [illegible] experience of thousands of physicians in hundreds of thousands of cases. He then gives the usual [illegible] to the [illegible], [illegible] he [illegible] erroneously [illegible]) and quotes 16,792 cases treated by the New York Department of Health with antitoxin up to Dec. 12 [illegible]; 7435 by the Chicago Health Department to January 1, [illegible] and 2,196 treated by the Baltimore Health Department — but not a word as to the number of cases given the use of antitoxin [illegible] is impossible!

ation days, the average yearly deaths from Rabies was but 30, in a population of 40,000,000; the deaths from the same cause during ~~thirty~~ years of anti-rabic inoculation have averaged One Hundred per annum! The population too has been reduced by the cession of Alsace and Lorraine, and the annual deaths continue to increase, and amounted according to the last annual published return to 300 for that year!. (Ending I think July 1903.) (11)

Japan furnishes a similar striking illustration of the error of the favorite inoculation for diphtheria.

The Serum Institute of Tokio, in the report prepared by it and presented to the recent World's Fair at St. Louis, claims that the fatality from diphtheria has been reduced from fifty percent to twenty-eight by the use of anti-toxine. This claim is asserted on page 30 of the report.

European and American Boards of Health make analogous pretentions, but generally keep out of sight the actual figures. [14]

The Japanese Institute, with praiseworthy ingenuousness, which it is to be regretted has not been practiced by the authorities of Europe and of America, have placed on page 29 of their report the means of estimating the real saving (?) of life. a copy whereof will be found in the Atlas plate LXXI, The diagram on p. 29 gives the number of cases and of deaths from diphtheria for the seven years preceeding the introduction of the anti-toxine treatment and for the seven years subsequent thereto.

Year	Cases	Deaths
1889	2,669	1,495,
1890	2,448	1,438,
1891	3,429	1,974,
1892	4,359	2,531,
1893	5,726	3,205,
1894	5,308	2,903,
1895	6,100	3,025,

But during the period of anti-toxine inoculation, the report shows the following lamentable result.

1896	8,613	3,246,
1897	15,486	5,579,
1898	19,692	6,453,
1899	21,035	6,668,
1900	17,875	5,660,
1901	14,882	4,686,
1902	15,005	4,314.

That is to say: the number of cases increased from 30,039 in the former period of 7 years to 112,588 in the latter and the deaths from 16,571 to 36,606 also the lowest numbers of cases and of deaths in the latter period exceeded the highest in the former or pre-anti-toxine period.

It is [illegible] [illegible] as to the [illegible] of these [illegible] to [illegible] the [illegible] theory to its proper term- [illegible].

[illegible] in [illegible]rlin, [illegible] Dr. [illegible] in [illegible] work before quoted (Chapter [illegible]) [illegible] of the [illegible] on [illegible] Homœ-[illegible].

[illegible], [illegible] [illegible], [illegible], [illegible], or [illegible] [illegible], [illegible] [illegible] [illegible] or [illegible] treatment!

There is [illegible] Dermaitzel [illegible] [illegible] New York [illegible] published in [illegible] June 1[illegible], pp. 259-274." which well deserves attention. Dr. Dermaitzel [illegible]itz ([illegible]) [illegible] anti-to[illegible]. Prof. [illegible]itz [illegible] as showing that "[illegible] are complications [illegible] diphtheria patient before the [illegible] to [illegible]dence, and that only the benign cases, which are [illegible] favorably [illegible] almost any treatment are cured."

Professor Sorensen of the Blegdam Hospital, Copenhagen, gives similar testimony:

Continuing to quote Prof. [illegible]witz, shows that nearly every one of the Kochian requirements and theories thereon founded are contradicted by the facts, also that in New York City the bacillus

was absent in 32.5 per cent. of the cases;- in Roux and Yersin's statistics it was absent in 36.2 per cent.; in those of Martin, 36; of Baginsky 23.2; of Hullock Park 66; of Löffler and Stubing's cases 25 per cent; and that in the official Prussian Report for 1902 out of 1789 examined, the bacillus was formed in 864 cases only. Prof. Kassowitz examined into the diphtheria death rate in Trieste for a series of years, and found an increase from 98 cases in ~~1888~~ 1888 to 222 in 1893, and when the serum treatment was introduced it rose to 349. In the last three months of 1894 when the serum treatment was universally employed more cases died of diphtheria in Trieste than previously during a whole year, and though it declined afterwards, that this is to be ascribed to the "genius epidemicus" and not to the serum treatment is evident from the above statistics.

In St. Petersburg the mortality from diphtheria was below 400 p.a., in 1894 it rose to 1027; in 1895 with the institution of the serum ~~therapy~~ therapy, it showed a temporary retrogression to 807, but rose to 1118 in 1890 and to 1,949 in 1897, almost double the pre-serum mortality.

In Bucharest the mortality in 1890 was 138, fluctuated between 138 in 1890 and 68 in 1895, and with universal serum-therapy from that date it rose steadily until in 1899 there were 257 deaths from diphtheria.

In the Chicago Medical Record for January 15/05, Dr. C. C. Rocha says that patients treated with anti-toxin are susceptible (specially) to another attack; also to edema, urticaria and arthritis; and recommends small but repeated doses! See also American Medicine for April 29, 1905 p. 713a.

Says Dr. ~~Wapler~~ Dermeichel: "Detailed statistics from each city would be tiresome", but cites Kassowitz as showing that the statistics of a large number of cities, all show the following: "Where the serum therapy struck the rising curve of a diphtheria epidemic it was absolutely inefficient; if it ~~continued~~ coincided with the descending curve, that curve continued in its descent, but the hindrance or stamping out of the disease is no where to be observed."

According to the returns of the Registrar-general for England and Wales, the average annual death-rate, per million, in the ten years 1851-60 was 22,400, in the ten years 1861-70 was 22,000, and in the seven years 1871-77 was 21,202.

Insert vol III p 44

I went to see the case, clearly one of follicular tonsilitis; but Dr Hill handed me, - and I have in my possession among the "pièces justificatifs" of the facts stated in this work, - the notification of the New York Board of Health that the case was one of diphtheria and that the bacillus of diphtheria was present. Impressed by my positive diagnosis of follicular tonsilitis, which agreed with his own, Dr Hill sent a fresh culture to the Board and again came the positive assertion of diphtheria and of the presence of the bacillus. Dr Hill then, after further consultation with me, requested the Board to send down a physician to visit the patient. I was not present at the dénouement. I learned that the Board of Health physician took a fresh culture, and the report now was (I saw it) that there was no longer any diphtheria bacillus and that the case was regarded as cured." About the time this was pending Dr Hill requested me to visit another patient of his which the Board of Health said was not one of diphtheria. On entering the room where the little sufferer was lying I at once pronounced the child sick of a systemic disease, and after examination said that the case was unquestionably one of virulent diphtheria that the child's entire system was infected and

of diphtheria and the fatality rate. As the cases of Angina exudatus which become fatal, but do not present the K-L bacillus in the superficial layers of the membrane where it is sought, greatly exceed those in which it is found, it is obvious how misleading are the statistics on which Boards of Health claim to establish the benefits of the anti-toxine injection. Scarlatinal diphtheria cases which used to be recorded as diphtheria are now when fatal, recorded as deaths from scarlatina. Further

Insert see within

that unless certain measures were adopted that the child would be dead within three days. That antitoxin inoculation would but hasten the death. As the Board insisted that the case was not one of diphtheria, I still feared that if the child died he would be blamed, and therefore expressed his intention to withdraw from the case. The child died in 58 hours from the time of my visit as I afterwards learned. Here then we have

~~cases of fatal and especially of hemorrhagic small-pox owed their virulence to the cow-pox inoculation.~~

I have been unable to find any credible statistics in the United States which throw any light upon this question. In this State and (except partially Boston,) in no city, have statistics been preserved for a sufficient period to enable a comparison to be made between diphtheria mortality and fatality in pre-anti-toxine and anti-toxine days, and the statistics of Boston during the anti-toxine period are rendered worthless by their having been compiled by persons who perhaps unconsciously begged the very question involved in the manner illustrated by the conduct of the New York Board of Health treating the same subject. It happened within my own experience that Dr Hill of Fort Hamilton N. Y. asked me to go with him to visit a singular case. Having had some trouble before with the N. Y. Board of Health he had sent them a portion of a case which the Board diagnosed as diphtheria and he would not believe it was one. (In both) ~~On p. , we described the conduct of the New York Board of Health in~~ two cases; one of which, a simple case of follicular tonsilitis was diagnosed as diphtheria, because the K-L bacillus was present; the patient ~~of course~~ recovered and the case will have been surely recorded as one of diphtheria with recovery; (the fact that no anti-toxine was administered would not appear), but the number of cases was thus illegitimately ~~erroneously~~ increased by one, and as death did not occur the case would help to show a lower fatality rate. On the other hand, the real case of diphtheria in which no K-L bacillus was found, but death resulted, was not diagnosed as diphtheria by the Board because no K-L bacillus was found, though the clinical diagnosis was unquestionably that of diphtheria. and

~~In this case~~ the death will not have been recorded as death from that disease, because no Klebs-Loeffler bacillus was found; ~~thus~~ this case would thus go to diminish, illegitimately, both the number of the cases of diphtheria and the fatality rate. As the cases of Angina exudative which become fatal, but do not present the K-L bacillus in the superficial layers of the membrane where it is sought, greatly exceed those in which it is found, it is obvious how misleading are the statistics on which boards of Health claim to establish the benefits of the anti-toxine injection. Scarlatinal diphtheria cases which used to be recorded as diphtheria are now when fatal, recorded as deaths from scarlatina. Further

- the period during which, statistics defective as they are have been collected at all, is far too short to admit of any inferences being drawn therefrom, while the undulations which exist in the curves of diphtheria as of all epidemics is left entirely out of consideration.

As Boards of Health all over the United States persist in establishing the diagnosis of diphtheria exclusively on the presence or absence of the K-L bacillus, the statistics now being collected will be as absolutely useless for scientific purposes in the case of diphtheria even fifty years hence, as they are today, if the methods employed today are persisted in. The same remarks apply to Cholera. Cases in which the comma bacillus is found, are said to be cases of cholera Asiatica and like cases in which the comma bacillus is not found are called cholera nostras, and explains the large and rapidly growing motality from the latter, from which formerly few persons died.

The same remark applies to all cases of disease the diagnosis whereof is made to turn upon the bacteriological determination, and nearly all the vast expense now being incurred to secure vital statistics is all but wasted by reason of this ~~fatal~~ fundamental error.

Mention has already been made of the case of Seropath foudroyante of the child of Dr Langenhous of Berlin, a similar case is described in "Medical Talk" for August 1905 which is however specially to be noted because of the brutal indifference displayed by the Board Health physician and the determined iniquity of that Board to screen their officer.

But the ~~entire~~ fundamental principle of Pasteurism, the germ theory of disease, is absolutely uprooted by the demonstration of Béchamp ~~th~~ that it is impossible for living pathogenic bacteria to exist in their ~~the~~ water the earth ~~[illegible]~~ (15)

On the [illegible]

Notes to Chapter XIII.

Vol II

p.1 (1)

(1) Some persons may take exception to this term as applied to the Royal Commission of 1889; it is however an unfortunate fact that its members were selected with an entire disregard of the rule that no man should be permitted to act as judge in a cause to which he is a party. In any investigation into vaccination in a country where that rite is in any way a State function, the officials of the government of that country are parties to the cause, and where the mode of practicing the rite is being investigating those officials are upon trial, ~~this was particularly~~ the vaccination officials were to be inquired into. If as was reasonable one or more of such officials were placed upon any such commission of investigation, at least an equal number of the accusers should have had places thereon. As a matter of fact, not a single prepresentative of the anti-vaccinators was admitted to a place upon the commission. One Dr. Wm. J. Collins, was supposed to be adverse to vaccination on medical grounds, and one, Mr. Charles Bradlaugh, from his well-known devotion to personal rights and liberty, was supposed to be opposed to compulsion; all the other members of the Commission were or had been Government officials, and nearly all of them had been officially engaged in administering the law and in strenuously insisting upon compulsion .... In saying they were or had all of them been government-officers, I include officers of the Royal College of Physicians and Surgeons in that category. But in spite of the unfairness with which the Commission was appointed, in spite of the lamented death of Mr. Charles Bradlaugh, who soon possessed himself of a deeper knowledge of the subject than was exhibited by anyone of the pro-vaccinist members, thanks to the skill and generous and philanthropic labors of a few noble men, a mass of testimony was presented to the Commission, which had been appointed to absolve vaccination, so conclusive against the claims of the vaccinators, that even this partisan commission was forced to cede many of the claims of the opponents of vaccination. The dissentient report of Dr. Collins and Mr. Picton left nothing of the majority report with which the scientific world will care to busy itself; and as for new statistics, Mr. Alexander Paul, a true statistician, has effectually disposed of those of the majority and of the erroneous conclusions drawn from them, in a masterly analysis of the more salient points, and which he published under the title of "A Royal Commission's Arithmetic" shortly after the appearance of their Report. (London, P. S. King & Son, 1897.)

p.2 (2) See "An Inquiry into the logical basis of the Germ theory". (Vol. XVIII) "Homeopathic Physician" p. 263.

P.5 (3) The assertion has been made that these organisms are killed by the glycerine with which it is now the fashion to mix the vaccine matter. It was denied by Dr. Cory. An attempt was made to exhibit a demonstration thereof; it was entirely fallacious. To any one capable of detecting logical absurdities the "demonstration" will be seen through readily enough, but even if the bacteria were destroyed as claimed, the ptomaines produced by them persist and are as poisonous as other cadaveric alkaloids; The assertion, gravely made, that glycerine makes a preferential selection of and destroys other pathogenic bacteria leaving only the blessed bacterium of immunity, is too palpably absurd to merit comment; it is but another of those bald

Continuation d/

Note (6) Chapter XIII vol 2 p 46

~~Ann~~ « Recherches sur le role des microzymes »
même auteur

"Les Microzymas dans leurs rapports avec les fermentations et la physiologie" Bulletin de L'Association Française pour l'avancement des Science" Congrès de Nantes 25 August 1875 - mémoire du D- A Béchamp

"Les Microzymas" même auteur

"Du Sang et son troisième élément anatomique."
même auteur

assertions by the English Local Government Board and other vaccinal authorities, whereof the history of this superstition is so rife, and refutes itself; no bacteriologist even pretends that the bacterium of vaccina has been isolated or is known. Since then, as the bacteriologists contend, the efficiency of a virus depends on its bacteria and the bacterium of vaccina is unknown, if glycerine destroy ~~bacteria~~ the "other" bacteria of the vaccine virus, how can it be known that the unknown bacterium of vaccina is not also destroyed? (See report on the influence of glycerine in inhibiting growth of micro-organisms in vaccine lymph; Annual Report of the Medical Officer of the Local Government Board for 1895-1898.)

P. 6a (4a) Physiology Translated by P.

P. 6a (4b) In Dr. Dermitzel's article and in the translation thereof published in the Homeopath Recorder for 1905 this is printed "Oregon", but there is no Wheelsburg in Oregon; ~~but~~ there is one in Ohio.

P. 6b (4) Properly:- Diseased Microzymas.

P. 7a (5a) New York "American" June 21, 1905 and Medical Talk for August 1905, p. 994. *The facts were investigated for me by Mr M. Mendelsohn a clerk in the Collectors Office New York and found to be correct in every particular.*

P. ~~7~~8 (5b) This was an adumbration of the truth. What a pity it is that Dr. Hilgard had not made himself familiar with the matchless researches and discoveries of Béchamp!

P. 9 (6) See "Les Microzymas" by A. Béchamp pp. *Onet*

The reasons perhaps for the strange neglect which has attended the researches and discoveries of Professor Béchamp may be found in the great difficulty of and length of time required ~~for~~ *to repeat* his experiments, together with the simplicity of the results. They are wanting in that "mass of filigree work", as aptly termed by Professor O. Rosenbach, (Physician versus Bacteriologist p. 19, translated by Dr. A. Rose, Funk & Wagnalls Co.: New York and London, ~~xx~~ 1904) which serve to disguise the absence of scientific premises and logical reasoning in the bacteriological dogmas. *See also "Les grands Problèmes Médicaux" by Béchamp ~~Ed.~~ p. 45 (Lib: Aug: Bertout, Paris*

P. 9 (7a) ~~Études~~ *Entités* Morbides

P. 9 (7b) Dr. Thos. Hellstrom ________

P. 21 (8) All this is now to be interpreted in the light of the discoveries of Béchamp.

P. ~~25~~ *26* ~~(9)~~ *(10)* The student is referred to Dr. Boucher's admirable work "Origines Épidémique" for an amusing but real exposé of the tricks of bacteriological statisticians pp. 39-43. It is a curious illustration of "Race-prejudice" that it is always some "foreigner", no matter who may be the indigenes, from whom evils of this class are made to spring.

P. 2~~8~~ (9a) At the date (1896) when Dr. Boucher published his ~~"Origines Epidemique"~~ *"Entités Morbides"* he was not so familiar with the researches and discoveries of Béchamp as he has since become, otherwise as he informed me he would not have made even the small concession to the prevailing moonshine which this sentence contains.

Unless the air had been so thronged with these "organized ferments" as literally to poison the atmosphere, of which his history of the epidemic furnished no evidence, the "poussières organiques" could have had nothing to do with the epidemic. The diseased condition occurs primarily - <u>in the patient</u> - and his cells being diseased, the

microzymas whereof they are composed, become diseased and so <u>evolve</u> into the various forms called (improperly) pathogenic bacteria.

P. 29 (9b) Translation by Dr. Rose - Funk & Wagnalls Co., New York and London.

P. ~~29~~ 30 ~~(9c)~~ (10) For ~~a~~ parallel cases see "Les Microzymas" P.

P. ~~41~~ 40 (11) I am indebted to Dr. Boucher for these statistics. The fact that they are given in "round numbers" may excite a suspicion as to their accuracy in the mind of the judicious critic. Nevertheless they may be relied upon, not as being exact, but as the nearest approach to accuracy of which the available data permitted. Sir James W. Thornton Deputy Surgeon general for India gives the average from 1850 to 1885 at 40 and that from 1885 to 1890 at 39. (Pasteurism in India p 6)

P. ~~39~~ 40 (12) I have made tiresome efforts to obtain the official reports of different countries, not only as to Rabies and Diptheria, but also as regards small-pox and vaccination, the various zymotic diseases and other vital statistics but with varying success.

Up to the time when our President (Cleveland) played his opera bouffe act of sending his passports to the British Ambass-